

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

SESSION 1890-91.

MARCH MEETING.

THE SIXTH MONTHLY MEETING of this Society was held in the Library of the Royal Infirmary, Newcastle-upon-Tyne, on the evening of Thursday, 12th March, 1891 — Dr. Drummond (President) in the chair. Thirty-four members present.

TUBERCLE BACILLI IN SPUTUM OF PATIENT TREATED WITH TUBERCULIN.

Dr. GEORGE MURRAY: The specimens which I have shewn illustrate the changes which take place in the tubercle bacilli in the sputum after treatment by tuberculin. In ordinary phthisical sputum we find the bacilli scattered about singly or in groups of, as a rule, not more than three or four together. After a few injections of tuberculin the bacilli are often seen closely packed together in groups of as many as ten or twenty, and in one group I saw at least fifty. As you know, tuberculin causes an inflammation round the tubercular nodules; if these are situated in the walls of a cavity in the lung they are discharged into the cavity; here they undergo softening and are broken up, the bacilli which are in the centre of the nodule being thus set free *en masse*. Thus it is, probably, that they appear in such groups in the expectoration. The bacilli also become more beaded and take the stain irregularly, so that their shape is not so clearly seen as under ordinary conditions. This is a sign of degeneration. These bacilli, however, are not dead, for animals which have been injected with sputum in which the bacilli presented these appearances become infected with tuberculosis.

PATIENTS EXHIBITED.

TWO CASES OF EXCISION OF THE KNEE.

Dr. GOWANS shewed two cases of excision of the knee—one a boy of twelve, and the other a youth of sixteen. The first case was in the Hospital only fourteen days, and the second was operated on eight weeks ago. In reply to Mr. Page, he stated

that the ends of the bones were drilled, and a stout silver suture passed through, and left permanently in situ. The apparatus which was used was an interrupted box splint, with a door behind the popliteal space, so that the dressings could be removed without disturbing the knee. Both cases healed without suppuration, and the dressings were changed only three or four times. He had pleasure in handing in the temperature charts.

Dr. GOWANS shewed two specimens, and a patient after excision of the tongue for epithelioma. The second patient he did not think it prudent to bring from home on such a stormy evening, as it was only eleven days since he underwent the operation. In one case the lateral half of the tongue had been excised, and in the other the whole organ. Both patients could speak distinctly.

OVARIAN TUMOUR.

Dr. GOWANS asked permission to shew a multilocular ovarian broad ligament cyst, which he had removed from a patient, aged 29, five days previously. The case had gone on without a hitch, the temperature chart, which he shewed, being almost a straight line throughout.

NOTES ON A CASE OF FREDREICH'S DISEASE, AND OF TWO OTHER CASES OCCURRING IN THE SAME FAMILY.

Dr. H. BRAMWELL: Mr. X., who is aged 20, unmarried, lives at home and occupies himself diligently in the study of music. He presents all the characteristic features of the disease.

Personal history: As an infant he was perfectly healthy. When a small child he used to take attacks of uncontrollable crying and laughing. The attacks generally ended in weeping, after weeping he used to recover control of himself. The laughing and crying fit often produced a spasm of the larynx; during the attacks the patient became quite black in the face—on more than one occasion he fell down unconscious while cyanotic and seemed to his mother to be dead.

The spasm usually terminated after some minutes with a gulping sound in the throat, after which he seemed to get his breath again.

The first indications of his present complaint were "*a turning in of the right foot*" and pains in the legs. Steels were applied to the foot. The twisting of the foot was noticed when he was about $6\frac{1}{2}$ years old. He was at that time a well developed and robust child, but extremely nervous, being especially afraid of carts and passing objects; he also suffered about this time from incontinence of fæces and from attacks of nocturnal diarrhœa. The diarrhœa was apt to be brought on by any nervous excitement, and not due to gastro intestinal irritation.

At this time, when he was $6\frac{1}{2}$ years of age, he suffered from true lightning pains, chiefly felt in the legs.

At the age of $7\frac{1}{2}$ it was noticed that his legs used to shake inordinately, and that his gait was staggering. At this time also arching of the feet was first observed. At the age of eight he went to school. Between the ages of eight and twelve his general health was good, but his walking gradually got worse. He was very excitable, and at times took attacks of uncontrollable laughter. At the age of 11 he had an attack of measles, which did not seem to aggravate his spinal complaint.

When 12 years of age he was head of a school of 50 boys ; some of the boys being 15 years of age. Since the age of 12, the disease has slowly but steadily progressed.

The family history shews that from both parents he has inherited a nervous type of constitution, but there is no history of any of his relations ever having had an organic nervous complaint.

There is no history of specific disease, but his father was a very free liver and took considerable quantities of wine and alcohol. He died of cancer of the stomach. The patient's mother is alive and well, extremely excitable, and of nervo-sanguineous temperament. During the time she was bearing children her life was one of continual social excitement; and she used to keep herself going by the free use of alcoholic stimulants. The father, though never known to be actually drunk, was often semi-intoxicated at night: and it is quite possible that some of the children might have been conceived when he was in this condition. There were six children of the marriage; the two eldest are healthy; one died in infancy; the three youngest are affected with the disease.

Present condition : The patient's height is 5ft. 7in., weight 10 stone. He is thin, his expression is somewhat nervous and anxious, but he does not look unhealthy.

Gait : The unsteadiness of gait and difficulty in walking have gradually increased during the past twelve years. He cannot walk now without assistance. When he attempts to walk the body and head are bent forwards and the eyes are fixed on the ground, his arms being either extended forwards, or laterally as if in search of some support. The movements of the legs are highly inco-ordinate. At each step the hindermost leg is brought forward round its fellow with an awkward inco-ordinate swing or jerk. The foot is then planted flat on the ground, the toes being turned inwards. In walking the whole body oscillates in an irregular manner, and the patient reels from side to side and staggers forward in an inco-ordinate manner, tending to tumble forcibly against objects which may be in front of him.

The movements of the upper extremities were unaffected until the patient was eleven years old. At the present time there is marked ataxia in the hands and arms. (Specimen of writing

shewn.) The muscular power in both upper and lower extremities is good. There is no paralysis.

Painful cramps are frequently felt, chiefly at night, especially in the calves. The tonicity of the muscles is fairly good.

Electrical Reactions : The muscular contractibility to both forms of current is markedly increased. The increase is a simple one ; the order of the polar reactions is quite normal. Currents hardly perceptible in ordinary healthy individuals cause very marked and violent muscular contractions, and produce much emotional disturbance—shouting, laughing, crying, &c.

The knee-jerks are completely absent.

The plantar reflex is exaggerated, the cremasteric, abdominal, epigastric, and gluteal reflexes are exaggerated.

Choreic-like movements are very marked on the facial and limb muscles, more especially when the patient speaks or makes any movement. These movements bear no resemblance to the rhythmic tremors of cerebro-spinal sclerosis.

Static ataxia is very marked. Vertigo is not complained of.

Romberg's symptom is well marked, the patient being completely unable to stand with the eyes closed.

The muscular sense appears to be unimpaired ; while muscular sensibility to painful stimuli appears to be exaggerated. The sensibility of the skin to all forms of stimuli is markedly exaggerated. Continued stimulation of any area of skin throws the patient into an hysterical state.

During the first few years of his illness the patient used to suffer from pains of a shooting momentary character, which appear to have been *true lightning pains*. They have been much less frequent for the past few years, though he still complains of sensations of various kinds, chiefly in the legs. The spinal senses of sight, hearing, taste, and smell are perfectly normal, in fact acute.

His speech is markedly affected. The articulation is jerky, moderately rapid, and apt to be interrupted by sudden pauses, which often occur between the syllables.

There are no tremors in the tongue, nor any difficulty in swallowing, though choking at food is a frequent occurrence.

There is slight myasthenia, but much less marked than in the case of his younger sister and brother. A well-marked lateral spinal curvature is present.

The feet are characteristically deformed, namely, shortened from before backwards (clubbed), the insteps highly arched, the dorsum very prominent, the toes dorsi-flexed, and the balls of the toes, more especially of the great toe, very prominent. Both feet are slightly inverted. The bladder and rectal junctions are unaffected ; the intellectual faculties are unimpaired. He does not suffer from palpitation, and his general health is good.

The treatment which has been adopted throughout the course of the disease has been of a varied character. The foot deformity was treated at first with steel supports, the muscles galvanised, and general tonic treatment used. When thirteen years of age the patient went through a course of massage and gymnastic exercises, the effect of which appears to have been distinctly prejudicial.

Iodide of potassium, iodide of iron, arsenic, and various nerve tonics have been tried from time to time, but without any beneficial effect.

At the age of 19, a prolonged trial was given to the suspension plan of treatment. During ten weeks he was suspended every alternate day for three minutes, lying on his back for half-an-hour afterwards. The patient himself is of opinion that this treatment was beneficial. He says it made him feel steadier and stronger, but its appreciable effects to others were very doubtful. It is certain he is now getting steadily worse.

About six months ago he had an epileptic fit, and since then he has been taking 3 gr. doses of bromide of potassium, with 15 m. of dilute hydrobromic acid three times daily. He says he feels better when he is taking this medicine, his toes are not so much drawn up and they do not twitch so much.

The histories and symptoms of the cases occurring in the other two members of the family are very similar to the above record in the most important features, there are some minor differences, but time will not allow me to recount them. One symptom, however, exhibited by the patient's sister must be mentioned, namely, the occurrence of "gastric crisis." This is the only case of Frederich's disease on record in which the symptom is present, as it is altogether unusual for this symptom to be present in Frederich's disease.

Until I first saw this case some three years ago, it had been considered by the previous medical attendants and physicians, both in London and Edinburgh, to be one of locomotor ataxia. But the symptoms as at present developed at once distinguish it from that affection, viz. :—

The slow development, coming on early in life.

The affection of speech.

The curvature of the spine, and the peculiar formation of the feet.

The muscular inco-ordination without loss of power affecting the muscles of the trunk and upper extremities, as well as those of the lower.

The absence of all trophic and visceral affections.

The absence of eye symptoms.

These characters at once characterise the affection as one different from ordinary locomotor ataxia.

The presence of lightning pains is exceptional in Friederich's disease.

Pathology : Friederich's ataxia has been variously considered as a form of tabes, a combination of this with disseminated sclerosis, a cerebellar disease, and an independent affection. The consensus of opinion now declares the disease to be "a congenital affection, produced by a systemic sclerosis of the posterior columns, combined with a non-systemic sclerosis of portions of the lateral columns, atrophy of the column of Clarke, and disseminated atrophy of the posterior roots, the anterior columns never being affected." There has also been found, in the majority of *post-mortem* examinations, meningitis along the back of the posterior columns and periependymal glioma of the canal. In a few cases degeneration of various other parts of the grey matter, besides Clarke's column has been reported. The unsystematic character of the lesion in the lateral columns renders various portions of it to be affected, and numerous differences in the parts affected are recorded in the different *post-mortem* examinations which have been made.

Degerie and Letulle (in "La Médecine Modenise," 1890, No. 17, 321) describe the sclerosis as different from that found in ordinary locomotor ataxia and disseminated sclerosis. They state that in the latter there is a thickening of the trabeculæ leaving the pia mater, thickening of the neuroglia between the nerve tubules, and alteration of the vessels and peri-vascular connective tissue.

In the sclerosis of Friederich's disease there are whirls of very fine and very long fibres, pressed one against the other, and arranged on different planes, but chiefly horizontally.

They also observed that the sclerosis in the postero-lateral portion of the cord was very different from that of the posterior columns, there being an absence of the whirls described, but the presence of a marked thickening of the trabeculæ of the pia mater, with alteration of the vessels. From these conditions it is inferred that Friederich's ataxia is a non-systemic combined sclerosis, a systemic sclerosis of the posterior columns, complicated by a lateral sclerosis, dependent upon a cortical meringo-myelitis.

This neuroglia sclerosis of the posterior columns they term a "gliosis," and is characteristic of Friederich's disease, whereas the other form of sclerosis, combined with vascular alterations, occurs in tabes, diffuse sclerosis, and disseminated sclerosis.

The neuroglia sclerosis of Friederich's disease is a sclerosis in tissue derived from the external layer of the blastoderm, since the neuroglia is derived from this. This view is important with regard to the etiology of the disease, explaining the occurrence of it in infancy, the influence of heredity, and family character of the disease.

The disease is evidently an anomaly in development of the spinal cord, particularly of the posterior portion.

AMPUTATION ABOVE KNEE JOINT.

Dr. BLACK: This case came under my care in May, 1890. He is 33 years of age, and has a distinctly tubercular family history. He complained of swelling and pain in the left knee, which on inspection proved to be tubercular in character, and also in an advanced state of disorganization. I recommended amputation, but he declined any operative interference, and the limb was encased in plaster of Paris.

Under this treatment his general health improved most markedly—he gained five pounds in three months—but the disease steadily progressed, and abscess formed in the joint and made its way downwards into the calf and upwards under the rectus, and he finally consented to amputation.

This was done by long anterior and short posterior skin flaps, with circular division of the muscles.

The flaps at the time of operation were infiltrated, sodden and œdematous, but in spite of this the flaps healed by first intention, the stump only requiring to be twice dressed. He was in the street seventeen days after the operation.

The stump is now, three months after operation, firmly healed, there is a good pad of tissue over the end, and the cicatrix is drawn up well behind; in fact he is now ready for an artificial limb.

PATIENTS EXHIBITED.

Dr. HUME shewed a young man on whom he had performed Mikulicz's osteoplastic amputation of the foot. Six months ago the foot had been severely crushed in a pit accident, and extensive sloughing had taken place. The skin over the heel, forwards to the malleoli, and over the tendo achillis, had been destroyed; and, although the large wound had once nearly cicatrized, it had subsequently broken down. It was not thought that any skin transplanting would succeed, so as to bear the necessary pressure in walking, and an osteoplastic amputation was therefore performed. It consisted, according to the method of Mikulicz, of Prague, in the removal of the posterior part of the foot, consisting of the astragalus and os calcis, and the soft parts covering the heel. The malleoli and articular surface of the tibia were then sawn off, and also the articular surface of the cuboid and scaphoid bones. These surfaces—viz., the tibia on the one hand, and cuboid and scaphoid on the other—were sutured with kangaroo tendon. In this way the remains of the tarsus was brought into a straight line with the tibia, and union between the bony surfaces had taken place. In the case shewn, it is doubtful whether the union is osseous, but there is already considerable firmness, and the patient can bear his weight in walking upon the toes. A special boot is required, which will support the foot, and enable him to walk on the ball of the great toe and the heads of the metatarsal bones.

Dr. HUME shewed a man who had suffered from tumour of the internal popliteal, which had been removed, along with three inches of the nerve, five years ago. The patient was now presented to shew that complete or almost complete restoration of function had taken place in the limb. There was no atrophy, all the muscular movements were complete, and the only impairment which existed was in a certain loss of cutaneous sensibility in the sole of the foot.

Dr. J. DRUMMOND : Mr. President,—I should like to add a word by way of thanks to Dr. Hume for bringing this case again before us. I well remember seeing this man shortly after his operation. His sensation was much diminished over a large area of the affected limb, and his power of locomotion also greatly impaired. With many of the members of this Society, I thought this condition was likely to be to some extent permanent, considering the large amount of nerve tissue removed by the operation. It is, therefore, very satisfactory to notice that sensation and motion are now almost perfect. This case gives us definite knowledge as to the recuperative power of this large nerve when injured by accident or in the course of operation.

One learns more from seeing the result of one such case than merely guessing at the result of a dozen. I should have been glad to have seen the patient in which Dr. Hume removed part of the sciatic nerve; but even in this case Dr. Hume has done the next best thing, viz., he has presented the subsequent history together with the specimen.

SPECIMENS.

HÆMORRHAGIC SARCOMA OF HUMERUS.

Dr. POGSON : This specimen was obtained from a child, aged six years. She was brought to the Durham County Hospital as an accident, and was said to have hurt her left shoulder a week before. On examination, a large tumour was found involving the upper end of the left humerus. The largest circumference of the mass measured $13\frac{1}{2}$ inches. Movements of shoulder joint were quite free. There was no pain, and no egg-shell crackling. An obscure sensation of fluctuation was detected. The tumour was aspirated, and eleven ounces of dark liquid blood were evacuated. Within twenty-four hours the tumour had enlarged again to its previous size. The arm was amputated at the shoulder joint two days afterwards. One large cavity as big as an orange, and capable of containing half-a-pint of fluid, was found separating the head of the humerus from direct continuity with the shaft by a distance of $2\frac{1}{2}$ inches, representing the diameter of the cavity. Shoulder joint quite unaffected. The walls of this cavity as a whole were quite flaccid, consisting mainly of sarcomatous tissue,

with here and there thin osseous scales scattered about. The head of the humerus and upper end of the bony shaft completed the walls of the cavity above and below.

Dr. HERBERT BRAMWELL said he considered the specimen one of myeloid or central sarcoma of the head of the humerus; and as this form of new growth was very soft and vascular, it bled profusely when injured, so that it was unnecessary to apply a new term, "Hæmorrhagic," to the already existing terminology.

The head of the humerus was not such a common seat of occurrence as the lower end of the femur, where central sarcoma was not uncommonly met with. A case had occurred in his practice last year, when a central sarcoma in the lower end of the femur had produced spontaneous fracture with great extravasation of blood. Very slight pain was complained of before the fracture occurred.

After aspirating a swelling of this kind it rapidly filled with blood, and the only treatment advisable was to fix the limb, and apply gentle pressure until amputation could be performed.

HYPERPYREXIA.

Dr. LIMONT: This chart shews the rise of temperature in a case of rheumatism where hyperpyrexia occurred.

Patient was a cartman, aged 35. He had suffered from ague, also from acute rheumatism eight years ago.

His present attack of rheumatism began twelve days before admission. It was of so slight a character that he attended at the casualty department for some days as an out-patient.

During the first three days in Hospital the temperature varied between 101° and 102·6° F. On the morning of the fourth day in Hospital, pains were still severe, perspiration still copious. Temperature 102·4, pulse 114. The alleged premonitory symptoms, disappearance of pains, and perspiration, without fall of temperature, were, therefore, not present. At 7 p.m., however, he was delirious, trying to get out of bed, breathing was stertorous, face cyanosed. Perspiration was now stopped. Tempt. 106° F.

At 9 p.m., patient was comatose. Tempt., 110° F.

At 10 p.m., death. Tempt., 111° F.

I did not, unfortunately, see the case after the temperature began to rise. Had I done so, I should have put the patient in a bath, and reduced the temperature of the water by means of ice. The treatment has been found very useful, and seems to be almost the only one holding out hope of saving the patient.

MASS OF GLANDS REMOVED FROM NECK OF A CHILD.

Dr. BLACK: This mass of glands I removed from the neck of a boy, eight years of age, admitted into the Children's Hospital under my care six weeks ago.

The growth commenced as an enlarged gland near the posterior margin of the right sterno-mastoid six months previous to admission. So far as I could gather, there was no source of irritation to cause it.

The swelling rapidly increased until, on admission, it completely filled the right half of the neck, extending from the mastoid process to the clavicle. Anteriorly it displaced the trachea to the left, and posteriorly it extended under the trapezius. There was no glandular enlargement in any other part of the body.

The mass was removed by a single incision, extending from the mastoid process along the posterior border of the sterno-mastoid to the clavicle. The operation was tedious, but did not present any unusual difficulties. The sheath of the large vessels in the neck was exposed, and the brachial plexus was laid bare, but there was very little hæmorrhage.

I have shewn this specimen to elicit an opinion from the members as to its nature. My own opinion, from its history and rapid growth, is that the case is one of lympho-sarcoma. Dr. Limont has kindly promised to make a section of the growth, and I will be glad to report at a future meeting.

Dr. HUME shewed a specimen from a case of resection of the great sciatic nerve for tumour. The patient and tumour had been shewn in a previous Session of the Society. Recurrence of the disease had taken place not locally but in the chest, and the patient had recently died. The specimen now shewn was the sciatic nerve, which had been sutured in part at the operation. There had been great difficulty in bringing the ends into contact, and it had been possible to do this with only a portion of the divided nerve. The sutured portion had, however, united notwithstanding the great strain; and in consequence of this partial union the limb had not atrophied to any great extent, there had been no trophic changes, and the patient's gait and powers of walking had been scarcely impaired.

Dr. PAGE: 1. This is one of the boys already on two previous occasions shewn at meetings of this Society. The lupus has been twice scraped, and lactic acid applied once, three weeks ago. I was not satisfied with the result of Koch's method of treatment, and I think you will be inclined to say that lactic acid has done considerable good.

2. This woman, aged 33 years, whose left leg I amputated in 1887, for tubercular disease of the knee joint, was re-admitted into the Infirmary under my care last December, 1890, in a very much reduced condition of health, owing to advanced disease of the right knee joint. I did not think her condition favourable for excision, and was most unwilling to amputate. I, therefore, performed erosion. The joint was exposed by a semi-lunar incision, the liga-

mentum patellæ cut through, and the whole of the pulpy synovial membrane removed. Where the cartilage was ulcerated it was scraped away. The ligamentum patellæ was then sutured with catgut, and the wound closed with a continuous catgut suture. No drainage tube was used. Firm pressure over a thick layer of cotton wool was made with an ordinary bandage, and the dressing left undisturbed for three weeks, when the wound was found to be healed.

3. This patient, aged 23 years, was admitted into the Royal Infirmary, suffering from compound dislocation of the left ankle joint. The tibia and fibula protruded through a wound on the outer side of the ankle, and the astragalus was fractured—as you see in the preparation—into three pieces. The ends of the bones were sawn off, and the astragalus removed. A drainage tube was introduced, and the wound dressed with cotton wool and a firmly applied bandage. It is now six weeks since the accident, and the dressings have only once been removed, for the purpose of taking out the drainage tube. I now propose to have the wound dressed, so that we may all see the result. Of course there is nothing new in this method of dressing wounds. It is Mr. Samson Gamgee's plan, and it seems to be coming more generally into vogue, and to be yielding as good results in the hands of other surgeons as it did in Mr. Gamgee's. On removal of the dressings the wound was found to be healed.

Dr. PAGE: 1. This cœcum was removed from the body of a pitman, aged 29 years, who was admitted into the Infirmary during the last sitting of this Society, and who died very shortly afterwards. On the 9th of February, patient had some diarrhœa and colicky pains, which gradually increased in severity. He was treated with morphia and belladonna and fomentations, and under this treatment seemed to improve; but the symptoms soon became more severe—vomiting, constipation, and distension ensued, and on February 12th he was sent to the Infirmary. On arrival he was pulseless, and evidently about to die. He did not rally, but died in a few hours. On *post-mortem* examination, the proximal half of the vermiform appendix was found much dilated. The other half of the appendix was normal, and at the point where the dilated portion terminated, was a recent ulcer, lying in which was a piece of what seemed to be hardened fæces. The intestines were matted together round the ulceration, and general peritonitis existed. The age of the patient, and the time at which death occurred—the fifth day of illness—are points of interest.

2. This instrument is not a pattern of one discovered in the ruins of Pompeii, so far as I am aware. It is quite modern, and is at the present time in use at St. Bartholomew's Hospital. It is employed for fracturing the femur and the bones of the leg in cases of genu valgum and bow leg, and Mr. Willett is, I understand, well satisfied

with the results he obtains. I have not ventured yet to use it, and am inclined to look upon it with a suspicion which I dare say is ill-deserved. I have not so far seen any cases reported which have been treated by this somewhat formidable-looking machine, but believe the next St. Bartholomew's Hospital Reports will contain a series of cases treated by Mr. Willett.

3. This specimen was removed from a young woman a few weeks ago. It had been observed for only some three months. It gave rise to considerable pain. The thigh was amputated in its upper third, and the patient has done well. The growth is a spindle-celled sarcoma, springing from the periosteum of the femur, just above the joint, and involving the bone.

4. This loose cartilage was removed a short time ago from the knee joint of a man aged 21 years, and one interesting feature of the case is that though the body is large and could at one time be readily detected in the joint, at the time of its removal it was not easily found. The joint was opened by a long incision, and at the outer aspect, and the cartilage was found at the opposite side, lying partly under the ligamentum patellæ. The wound has only once been dressed when the tube was removed, and union took place by the first intention.

5. This cast was taken from the foot of a man 40 years of age. The tumour had been slowly growing from the sole for seven years, and was still increasing in size. It was readily removed, having no connection with bone or muscle. It was attached to the deep fascia, and, upon microscopic examination, turned out to be a sarcoma.

RESULTS OF MAJOR AMPUTATIONS TREATED ANTI-SEPTICALLY IN THE ROYAL INFIRMARY, NEWCASTLE-UPON-TYNE, DURING THE YEAR 1890, AND FOR A PERIOD OF TWELVE YEARS AND NINE MONTHS, VIZ., FROM APRIL 1ST, 1878, TO DECEMBER 31ST, 1890.

By FREDERICK PAGE, Surgeon to the Royal Infirmary, Newcastle-upon-Tyne; late Examiner on Clinical Surgery in the University of Edinburgh, &c.

TABLE I.

Table of Major Amputations treated antiseptically in the Royal Infirmary, Newcastle-upon-Tyne, during the year 1890.

	INJURY.			DISEASE.			TOTAL.
	NO.	R.	D.	NO.	R.	D.	
Double Amputation	1	1	..	..	..	..	1
Hip Joint	2	2	..	..	..	..	2
Thigh	6	5	1	11	10	1	17
Knee Joint	1	1	..	1	1	..	2
Leg	11	10	1	7	7	..	18
Ankle Joint	3	2	1	13	12	1	16
Shoulder Joint	2	2	..	..	..	..	2
Arm	4	4	..	1	1	..	5
Forearm	6	6	..	1	1	..	7
	36	33	3	34	32	2	70

During the year 1890, as will be seen by the above table, 71 major amputations were performed in the Royal Infirmary, upon 70 patients—one man losing both arms. This is the largest number of amputations performed in a year, in the Infirmary, during the period I have recorded results, viz., from April 1st, 1878, to December 31st, 1890—12 years and 9 months. Of the 70 patients operated upon, 5 died, 7·1 per cent., a by no means unsatisfactory result. 36 of the operations were primary, and of these three only terminated fatally, 8·3 per cent. 34 were due to disease, and two patients died, 5·8 per cent. Among the primary amputations, one patient lost both arms, on one side at the shoulder joint, and midway between the shoulder and the elbow on the other. He was 34 years of age, and made a good recovery. There were 2 amputations at the hip, one a child four years of age, the other a lad of sixteen. Both recovered. Of the 6 amputations of the thigh and 11 of the leg, two patients, one of each, died. A child, aged six years, was admitted with his right arm and scapula attached nearly torn off. In addition, it was found

necessary to remove half the clavicle. He made a good recovery. For disease, there were 11 amputations of the thigh, with one death, and 7 of the leg without any death. In accordance with my usual custom, I will now record the precise cause of each of the five deaths.

PRECISE CAUSE OF DEATH.

1.—Man, aged 67 ; died on the fourth day after primary amputation through the middle of the thigh and partial amputation of the hand. The operation was performed for compound fracture of the leg, with simple fracture of the femur of the same limb, and for injury to the hand. Patient had also other injuries.

2.—Man, aged 74 ; died twenty-four days after amputation of the leg at the seat of election, for compound fracture, from blood poisoning.

3.—Man, aged 54 ; died on the eighth day after primary amputation at the ankle joint from sudden failure of the heart's action. No *post-mortem* examination was made. His temperature was normal and the amputation wound healthy. He had a scalp wound.

4.—Girl, aged 10 years ; died twenty-two days after amputation of the thigh, for tubercular disease of the knee joint from tetanus.

5.—Boy, aged 14 years ; died twenty-seven days after Syme's amputation for tubercular disease of the ankle joint from phthisis, from which he was suffering at the time of operation.

I desire to draw attention to the ages of these five patients—74, 67, 54, 14, and 10 years. On some future occasion, should I ever make an analysis of the causes of death after amputation in the Royal Infirmary, I shall hope to be able to give the ages of all the fatal cases during a lengthened period.

TABLE II.

Table of Major Amputations treated antiseptically in the Royal Infirmary Newcastle-upon-Tyne, from January 1st, 1883, to December 31st, 1890—a period of eight years.

	INJURY.			DISEASE.			TOTAL.
	NO.	R.	D.	NO.	R.	D.	
Double Amputations	5	3	2	..	..	..	5
Hip Joint	4	2	2	12	8	4	16
Thigh	25	22	3	98	93	5	123
Knee Joint	6	6	..	2	2	..	8
Leg	44	40	4	43	41	2	87
Ankle Joint	19	18	1	76	74	2	95
Shoulder Joint	8	7	1	7	7	..	15
Arm	27	25	2	14	13	1	41
Forearm	27	26	1	22	22	..	49
Wrist	7	7	..	..	..	..	7
	172	156	16	274	260	14	446

Table II. gives the results of amputations from January, 1883, to December, 1890, during which period I have carefully recorded the actual cause of each death. Of the 446 patients operated upon, 30 died=6·7 per cent. ; 172 of the patients were operated upon for injury, and 16 died=9·3 per cent. ; 274 of the amputations were for disease, and 14 patients died=5·1 per cent.

Table III. gives the results of major amputations from April, 1878, to Dec., 1890—a period of twelve years and nine months.

TABLE III.

Table of Major Amputations treated antiseptically in the Royal Infirmary, Newcastle-upon-Tyne, from April 1st, 1878, to Dec. 31st, 1890, a period of twelve years and nine months.

	INJURY.			DISEASE.			TOTAL.
	NO.	R.	D.	NO.	R.	D.	
Double Amputations.....	5	3	2	..	..	..	5
Hip Joint	4	2	2	14	8	6	18
Thigh	41	33	8	135	127	8	176
Knee Joint	9	8	1	6	6	..	15
Leg	64	56	8	67	65	2	131
Ankle Joint	23	22	1	92	90	2	115
Shoulder Joint	11	10	1	9	9	..	20
Arm	38	34	4	20	19	1	58
Forearm	35	34	1	26	26	..	61
Wrist	7	7	..	..	..	..	7
	237	209	28	369	350	19	606

The total number is 606, with 47 deaths, a mortality of 7·7 per cent. ; 237 of the patients were operated upon for injury, with 28 deaths=11·8 per cent. ; 369 of the amputations were for disease, and 19 patients died=5·1 per cent.

FAULTY TENDENCIES OF THE OCULAR MUSCLES.

By ARCHIBALD PERCIVAL, M.A., M.B., &c., Camb.

Mr. President and Gentlemen,—In a communication that I made to this Society last November on the subject of headaches of ocular origin, I confined my remarks to those that arise from errors of refraction, and which are often described as cases of “*accommodative asthenopia*.”

There is, however, another condition which frequently gives rise to somewhat similar symptoms, to which the name of “*muscular asthenopia*” has been given. In cases of this description there is a want of balance between the extrinsic ocular muscles, so that the eye *tends* to assume a faulty direction. This, however, may be corrected by special exertion of the faulty muscle; but such compensation can only be maintained at the expense of an increasing muscular fatigue, which reveals itself by symptoms of headache, usually associated with giddiness. In our text books the subject of strabismus and diplopia receives full attention, but little or no note is taken of the more subtle cases at present under consideration, which are apt to be overlooked unless special tests are applied for their detection.

When dealing with accommodative asthenopia, I pointed out that when the refractive error was greater than that which the muscle of accommodation could correct, failure of sight is usually the only complaint. When, however, the disproportion between the accommodative power and the refractive error is slight, indirect symptoms of headache arise from the fatigue induced.

Similarly, in anomalies of the directing muscles of the eye, when the defect is great, the obvious direct symptoms are strabismus and diplopia. There is no pain, and little or no disturbance of the mental condition of the patient. When, however, the defect is slight, there is no strabismus, no diplopia, but the maintenance of binocular vision taxes the nervous centres beyond their endurance, and indirect symptoms arise of giddiness, pain in the back of the head or neck, associated also often with a disturbance of the general disposition or character of the patient. When strabismus is well marked, diplopia is not a troublesome symptom, as the false image falls on a peripheral and relatively insensitive part of the retina. Hence the patient soon learns to suppress or neglect this dim image, and generally his only complaint is his

difficulty in recognising the position of objects. In cases, however, in which the tendency to deviation is slight, if no effort is made, a diplopia occurs of the most annoying description, for two objects appear to exist, which are both clear and well-defined, and which yet seem to overlap each other owing to the fact that their images are found near the maculæ, in those parts of the retina, in fact, where vision is most distinct. There is, therefore, a very strong desire for fusion of these retinal images, and binocular vision is maintained by an excessive innervation of the affected muscles, which produces in its turn symptoms of a most distressing character.

Dr. George Stevens has provided us with new words to express these latent faulty tendencies of the ocular muscles. *Heterophoria* is the generic term he applies to conditions in which the visual lines tend in some other direction than the normal. *Esophoria* indicates a tendency to convergence; *Exophoria* a tendency to divergence; and *Hyperphoria* denotes that condition in which one visual line tends to assume a direction above that of the other. How then are these conditions to be recognised? There is no defect in vision, no apparent strabismus, no diplopia, the faulty tendencies are masked by the desire for fusion of the retinal images. It is necessary, therefore, to render binocular vision impossible before these latent defects can be made manifest. This can be done by means of coloured glasses or by using prisms.

Here is a cross, formed of coloured papers pasted on a black background. Two limbs of the cross are red, the other two limbs are blue. If, now, this cross be viewed through red glass, only the red limbs are seen, but if a blue-green glass be placed before the eyes only the blue limbs are seen, since this kind of glass is not transparent to red light. On placing now this red glass before the right eye, and this blue-green glass before the left eye, binocular vision of the cross is rendered impossible, the right eye sees only its red parts and the left eye only its blue parts. The visual lines, therefore, assume that direction which occasions the least strain.*

If the red limbs of the cross appear to be below the blue limbs, the right eye deviates upwards (*hyperphoria*). Should there be any tendency to convergence (*esophoria*), or to divergence (*exophoria*), it will be revealed by a displacement of the red limbs to the right or the left respectively.

* This does not necessarily exclude all muscular action, for there is a central association (in the nerve centres) between convergence and accommodation. When the ciliary muscles contract so that the eyes are focussed for reading distance, convergence normally occurs. It follows, therefore, that if the examination is made while the function of accommodation is exercised, no just appreciation of the muscular balance can be obtained. Hence, the principal determinations should be made at such a distance as will ensure relaxation of the ciliary muscle; any error of refraction must, of course, be first corrected by appropriate glasses.

Another and perhaps more reliable test is furnished by means of prisms. If a prism of 3° d. is held before one eye, edge up, and a vertical line be observed at a distance of five or six metres, binocular vision is rendered impossible from the vertical diplopia which is induced. The eyes then assume the position of minimum tension, and any esophoria or exophoria which may exist is revealed by the lateral displacement of the image. Similarly, if horizontal diplopia is induced by an abducting prism of 5° d., any tendency to an upward or downward deviation of the eye is shewn by a corresponding vertical displacement of the image. I had an opportunity of shewing, at the last meeting of this Society, the square prisms and the special trial frame which I have devised for carrying out these tests.

In order to render the examination complete, the relative strengths of the ocular muscles should also be determined by their power of overcoming prisms, placed edge or base up and in. It is often found that, so far from their being any real paresis of one muscle, the amplitude of the movement may be greater than normal, and yet symptoms arise, owing to the fact that the position of minimum tension, the zero point, if one may so describe it, is not that consistent with parallelism of the visual axes. It will be seen that the determination of this point has an important bearing on the successful treatment of these cases.

The exact diagnosis of the degree of heterophoria is always a difficult matter. There is no objective means of determining it, such as we have for the estimation of refractive errors. Our tests are purely subjective, and latent tendencies may not at first be revealed to their full extent by these methods. It is, however, a safe rule to consider, as Dr. Stevens says, that the deviating tendencies are never less than are shewn by our trials, but that they may greatly exceed those which we are able to demonstrate.

Hyperphoria.—A tendency of one visual line above the other.

This anomaly is not so common as esophoria, but the urgency of the symptoms which it occasions demand special notice.

The movements of the eyes in the horizontal plane are especially free, the normal range of convergence representing an angular deviation of about 18° or more in each eye. When, however, we come to examine the muscles concerned in movements in the vertical plane we find that 1° represents the limit of their dissociated action. If, for instance, prisms of 1° d. be placed before the eyes on one side base up, on the other side base down, vertical diplopia will usually be induced. The disturbing influence, which even a slight degree of hyperphoria exerts, is not therefore astonishing, and the tests for this defect should be peculiarly searching that these small deviations may not be overlooked.

Perhaps I may be excused if I give in detail the first case of the kind which came under my notice, and which directed my atten-

tion to this subject; as will be seen I did not at once recognize the true nature of the case.

Mrs. B., an excitable neurotic lady, came to me about three years ago complaining that her sight was failing. On taking up a book she found that at first she could see distinctly, but in a short time the letters ran into one another, and an aching pain was felt in the back of her head. If she persisted in the attempt to read, this pain increased until 'she felt quite giddy.' The same sensations of pain and giddiness were observed when her attention was directed for any length of time, even to more distant objects, thus she was quite prevented from going to picture galleries or at any rate enjoying such exhibitions. She told me that she had suffered from similar headaches since early childhood. She did not complain of diplopia.

On examining her with test types, I found her vision for distance excellent, she read $\frac{6}{6}$ with either eye, but could also see as well with convex glasses + 3.5 D. This amount of hypermetropia was confirmed by retinoscopy. Her accommodative power was about normal for her age (30), viz. 6 D. I attributed all her symptoms to the hypermetropia, and confidently prescribed + 3.5 D lenses for her. In a few days, however, she returned, saying that though she could see to read rather better, she was still troubled with her old sensations of aching pain and giddiness. After a long examination I found that her power of convergence was defective; but, in order to assure myself that this was all that there was at fault, I subjected her to a further test by placing coloured glasses in front of her spectacles. On directing her attention to an object which was partly red and partly blue, I found that the red parts appeared to occupy a slightly higher position than they did in reality. Her right cornea, therefore, deviated downwards. On raising the right lens so that she looked through the lower part of it, this displacement disappeared, the lens in this position acting as a prism with its edge downwards. When the hyperphoria was corrected in this way, I found that her power of convergence was normal. The glasses were accordingly ordered to be decentred in the vertical direction, and since wearing them she has been able to read with comfort for hours together, and she has not since been troubled with giddiness, headache, or any other of the various aches and pains of which she used to complain.

This case illustrates well the mistakes which may arise from a hasty examination. The defective power of convergence might have been taken as the essential element in the case; but further investigation shewed that it was dependent on a pre-existing tension between the muscles which elevate and depress the eye. When this strain was obviated the interni acted efficiently. It is not uncommon in hyperphoria to find insufficient convergence at reading distance, but the contrary condition (esophoria) when the

test is made at a distance of six metres. This is no doubt due to the synergic action of the directing muscles. An error of even less than 1° of hyperphoria may cause this perplexing disturbance of the lateral equilibrium of the eye. It is advisable, therefore, to correct by a vertical prism any hyperphoria which may exist before proceeding to the examination of the converging functions.

Another very suggestive symptom of hyperphoria is the peculiar visual defect which has been pointed out by Dr. Stevens. This consists in an inability to see clearly small objects close at hand, while for objects at a greater distance the visual acuity is good. In the case just quoted this symptom was present. It does not depend on weakness of the accommodation; but seems to be due to an inability to maintain fusion of the images of the two eyes, which, therefore, overlap each other *Vision* when the patient continues reading in spite of the symptoms which warn him to desist. At a distance of 20 feet, however, the separation of the two images is more complete *Vision*, so that less confusion is occasioned, and a faculty of neglecting or suppressing one of the images may be acquired. In correlation with this, one may note that the visual acuity of one eye is often very far below that of the other, which points to the importance of treating these faulty tendencies before the amblyopia has become permanent. There is one very common method that patients adopt to correct their tendency to diplopia which deserves mention, viz., occasional closure of one eye. This may become such a confirmed habit that the action becomes at length involuntary, and may extend to the muscles of the face, so that twitching movements occur, sometimes even convulsive spasms, not unlike those of tic non douloureux. Dr. Stevens finds that the head is almost invariably inclined towards the side of the downward tending eye. My experience does not altogether confirm this statement. I have, rather, noticed a general restlessness affecting especially the carriage of the head, which is inclined now to one side, now to the other, which makes the examination of such patients very tedious and often unsatisfactory.

If we pass from the consideration of the local to the more general symptoms, we find that they consist of a complex group, which may be associated with any variety of heterophoria, though they are especially prominent in cases of hyperphoria. Giddiness and headache are rarely absent, the pain being usually referred to the back of the head, or even the neck. The great majority of patients are neurotics or hypochondriacs, who complain of back-ache, muscular weakness, and fatigue. There is a corresponding want of mental vigour: their memory is often feeble, their spirits are dejected, and their thoughts gloomy and self-centred. The symptoms, in fact, belong to the neurasthenic type, and may be to some extent explained when we remember what a constant drain there must be on the stock of nervous energy to maintain the

excessive innervation of their ocular muscles, which is necessitated by their want of equilibrium. If the affected muscle relaxes for a moment double vision occurs, entailing a psychical perplexity which is no less distressing to the unfortunate sufferer.

The treatment of hyperphoria is simple when an exact diagnosis has been made. When the extent of the deviating tendency has been discovered, it may be corrected by prisms mounted in an ordinary spectacle frame. Should the patient require glasses to correct errors of refraction, a combination of the requisite lenses, with the appropriate prisms*, should be ordered, or the same result may often be conveniently obtained by decentering the lenses.

In some cases an operation would be justifiable if the error were great and the defect were definitely localised in one of the muscles. If the inferior rectus be found to be too weak, its tendon should be advanced; if the superior rectus be found to preponderate without any real weakness of its opponent, a partial tenotomy should be performed on it. Tenotomy of the inferior rectus should be avoided unless absolutely necessary, for fear of limiting the downward rotation of the eyes so necessary in reading. But cases demanding operative intervention will be found to be rare, I believe, and in any case I should be indisposed to adopt such measures unless the treatment by prisms has failed.

ESOPHORIA AND EXOPHORIA.

It will be convenient to study the tendencies to deviation in the horizontal plane, viz., esophoria and exophoria together. These anomalies have long been recognised, owing to the papers which Von Graefe published on the subject, but, unfortunately, they were always ascribed to a feeble action of the muscles implicated. This presumed muscular weakness is indeed implied in the names under which these conditions were known: thus a tendency to convergence (esophoria) was termed insufficiency of the externi; exophoria, insufficiency of the interni.

Now it is of paramount importance to distinguish between this class, in which the range of movement is impaired, and one or more of the muscles are weak, and that class in which the range is not so limited.

Normally each eye can rotate outwards through an angle of nearly 2° , and inwards through an angle of about 16° or more, so that the total range of convergence and divergence of each eye is represented by an angle of about 18° . If, owing to some anomaly

* When a lens is combined with a prism, the action of the prism is considerably modified. In a paper of mine, published in "Knapp's Archives of Ophthalmology," Vol. xx., No. 2, the action of prismospheres is mathematically investigated, and tables are given, from which the exact prismatic effect of any combination can be found. A prism of $5^\circ 30'$ d., when combined with a convex lens of $+9$ D., has the same deviating effect on the eye as a plane prism of $7^\circ 17'$. To induce, however, this deviation in a myopic eye of -9 D., a prism of $9^\circ 4'$ would be required if used in combination with a concave lens of -9 D.

of insertion or other cause, a divergence of 7° is possible, and a convergence of only 11° , there is no diminution of the range of movement and there can be no muscular weakness or insufficiency, and yet most serious symptoms of exophoria will arise. One may accept as a general rule that only one-third of the total power of convergence can be continuously exercised without causing discomfort. In such a case then parallelism of the visual axes could hardly be maintained without inconvenience, and the strain entailed by the convergence necessary for reading would inevitably produce most distressing consequences. A few days ago a lady was sent to me who suffered from a condition of this kind. She had no diplopia or strabismus, but had been subject to headache and migraine all her life. Divergence more than 7° ; convergence nearly 13° . Her range was, therefore, represented by an angle of 20° , and so far from their being any paresis her ocular muscles must be stronger than normal, and yet the attempt to maintain convergence infallibly brings on symptoms of giddiness and headache.

For such cases abducting prisms (edges out) should be prescribed in order to *relieve* convergence. If the exophoria be of high* degree, tenotomy of the externi may be performed, which will have the effect of increasing the power of convergence, at the expense of this excessive diverging-faculty, of which the patient can make no use. Some contraction of the range will result from the operation.

In the remaining class of cases due to *muscular weakness*, in which the range of movement is limited, *tenotomy is absolutely contra indicated*. If the power of divergence is found to be normal 2° , but that of convergence represented only by an angle of 6° or so, we may assume that the interni are feeble, and measures must be adopted for *strengthening* them. Abducting prisms to relieve the defect should never be ordered, but exercise should be enjoined as in the treatment of feeble muscles in any other part of the body. The patient should be provided with adducting prisms of various strengths, and he should daily exercise his feeble internal recti by attempting to overcome them. The sittings should not last longer than a few minutes at a time, as exercise, not exhaustion, is required. Finally, by perseverance, he will in most cases be enabled to overcome adducting prisms of 15° d. or 16° d. before each eye, uniting images at 20 feet. When this point is reached his converging power will be found to be normal, but a relapse is liable to occur if these gymnastic exercises be wholly laid aside.

In cases of exophoria, in which the power of divergence is more than 2° , an advancement of the internal recti is advisable, as by this means the useless power of divergence is converted into an

* Prisms of more than 2° d. cannot be worn with comfort, owing to their weight, and the chromatic aberration which is necessarily entailed.

increase in the faculty of convergence, and this increment far exceeds the loss in diverging power which has been sacrificed.

I have more than once operated in this way, and am thoroughly satisfied with the results I have obtained. It is necessary, however, that there should be a sufficient potential divergence originally, or troublesome esophoria for distance will be induced.

Cases of esophoria should be dealt with in a similar way.

If there is a diminution of the range of movement, in other words, if the muscles are weak, they must be strengthened by gymnastic exercises with abducting prisms. If the near point of convergence is too close, part of the range is of no use to the patient. To render the total range of convergence available, the externi should be advanced; this will also have the incidental advantage of increasing the amplitude of the range.

If there be no diminution of the range of convergence, the esophoria is not due to feebleness of the externi, but to the fact that from the situation of the range only part of it is available. If, for instance, parallelism of the visual axes can just be obtained, but the weakest abducting prisms produce homonymous diplopia, while each eye can rotate inwards through an angle of 21° , as in a case I saw a month ago, the esophoria may be treated either by adducting prisms, which relieve the externi, or by tenotomy of the interni, which, so to speak, places the range in a more available situation. A careful tenotomy of one internus might cause a potential divergence of 2° , with a converging power of 17° or 18° . In the case just alluded to the patient was myopic to the extent of — 7 D., and the esophoria was successfully relieved by decentering the glasses inwards 4 mm.

To sum up, then, since the operation of tenotomy alters the position of the range, and diminishes its amplitude, but that of advancement, while altering the position of the range, increases its amplitude, the treatment of anomalies of the external or internal recti may be tabulated as follows:—

A 1.—If the amplitude of convergence is diminished, exercises with prisms should be enjoined.

2.—If the range is also in an unsuitable situation, the operation of advancing the insertion of the feeble muscles is advisable.

B 1.—If the amplitude of convergence is not diminished, prisms to relieve the defect may be worn; and this order can, of course, be given with less compunction if the patient is already condemned to wear glasses to correct his refractive errors.

2.—If the defect is greater than can be satisfactorily treated by prisms, tenotomy of the preponderating muscles should be performed.

I would emphasize the importance of recognising and correcting any hyperphoria which may exist before diagnosing weakness of

the external or internal recti. I have already pointed out how often exophoria at reading distance, and esophoria at 20 feet, are found to depend on this condition.

It appears that want of balance may also, sometimes, exist between the oblique muscles, so that the eye tends to assume a state of torsion. To this condition I venture tentatively to give the name of *Periphoria*. The only case which I have seen of this nature was sent to me towards the end of last January. There was a relative over-action of his left inferior oblique muscle, so that there was a tendency to torsion of the image of an object seen by his left eye.

In such a case prisms are of no service, and beyond the palliative measure of covering the affected eye, I see no means of correcting the defect short of the somewhat bold and perhaps hazardous procedure of dividing the (overacting) oblique muscle. I see in the last number of "Knapp's Archives" reference to one or two other cases, in which this condition was diagnosed, but no suggestion as to treatment was made.

Finally, though these faulty tendencies are not nearly so common as refractive errors, I believe they invariably cause great distress, and sometimes symptoms of the most serious nature. At the International Medical Congress, in 1881, a case was reported, in which an esophoria of only 2° at 20 feet existed. Tenotomy of one internal rectus was performed. The patient had been an epileptic, and an entire relief from epileptic seizures had followed the operation. The peculiarly subtle nature of these defects renders them exceedingly liable to be overlooked, and repeated examinations may be necessary to reveal them. I cannot but think that some cases of nervous debility or hysteria are due to these causes, and might be cured, or at any rate improved, if attention were directed to their ocular muscles. The subject is an exceedingly difficult one, but I trust I have made the first principles of diagnosis and treatment clear to the members of this Society.

THE NEWCASTLE MEDICAL SOCIETY 100 YEARS AGO.

By D. EMBLETON, M.D.

PART II.

The next Monthly Meeting being the Anniversary of the Institution of the Society, it was resolved, That the Members hold their Annual Dinner again at Turner's, and they be requested, as usual, to meet an hour before Dinner to choose Officers for the ensuing year, and to transact other business. (This resolution is passed every year, but has been omitted for brevity's sake.)

Messrs. Leighton and Abbs are appointed to read Papers at the first Meeting after the Anniversary.

Nov. 6th.—Mr. Pringle in the Chair. At the Anniversary Meeting of the Society, held this Day, Mr. Murray, proposed by Doctor Clark, and Doctor Trotter, proposed by Mr. Anderson, were duly elected Members.

The following Gentlemen were chosen Officers for the ensuing year:—Mr. Leighton, Sen., President; Messrs. Anderson, Horn, and Pringle, Vice-Presidents; and Thos. Leighton, Secretary and Treasurer.

Doctor Pearson having been duly elected a Member, and finding it expedient to change his Situation to a distant place, has signified a Wish to be elected a corresponding Member of the Society; it is proposed, therefore, at the next ordinary Meeting, to take into Consideration the propriety of electing Corresponding Members of the Society. Messrs. Leighton and Abbs stand appointed to read Papers at the next ordinary Meeting.

Dec. 4th.—Mr. Anderson in Chair. Mr. Ingham made a Motion that any philosophical or medical Gentleman living at a Distance may be elected a corresponding Member of this Society, being first proposed by a Member, and to be ballotted for as for an ordinary Member, and that every corresponding Member shall produce a Paper once a year, or oftener, if subjects occur worthy of communication. Mr. Pringle seconded the Motion, which was unanimously agreed to.

Dr. Wood proposes to move, at the next ordinary Meeting, That all private business of the Society be concluded before the public Business be commenced. That no private Business be transacted after seven o'clock unless by consent of the President, and that all Business of the Society, except that of reading Papers or receiving Medical News, be considered as private Business.

Mr. Pringle proposes Doctor Pearson, of Carlisle, as a Corresponding Member.

Mr. Leighton read a Case of a Dislocation of the Femur, attended with peculiar Circumstances.

Mr. Abbs was absent, and did not send a Paper. Messrs. Ingham and Anderson are appointed to read Papers at the next ordinary Meeting; adjourned till the first Tuesday in February.

Feb. 5th, 1793.—Mr. Horn in the Chair. Dr. Pearson was ballotted for and duly elected a Corresponding Member.

Doctor Wood according to his proposal at last Meeting made a Motion—That all the private Business of the Society be concluded before the public Business be commenced; that no private Business be transacted after seven o'clock unless by Consent of the President; and that all the Business except that of reading Papers or receiving Medical News be considered as private Business.

The Secretary seconded the motion which was agreed to.

Doctor Pemberton also made a Motion—That when any Business is before the Society it shall be transacted and finally disposed of before any new subject be proposed. Mr. Leighton, Sen., seconded the Motion, which was agreed to.

Messrs. Mewburn and Horn are appointed to read Papers at next ordinary Meeting. Mr. Ingham read a Case of Melœna successfully treated, with observations. Mr. Anderson read a Case of Aneurismal Varix, with observations.

March 5th.—Mr. Leighton, Sen., in Chair. Dr. Wood presented a Copy of his *Treatise on Typhus* to the Society, for which the Secretary is requested to write a Letter of Thanks to him.

Doctor Trotter, proposed by Mr. Horn, and Mr. Glenton, by Mr. Leighton, Sen., were elected Corresponding Members. A letter of resignation from Doctor Hall was received, which was accordingly complied with.

Mr. Mewburn read a Case of Injury of the Head from a Fall down the Shaft of a Pit, in which the Trephine was twice applied at different times with Success.

Mr. Horn read a Case of Strangulated Hernia, under Poupait's Ligament, which terminated fatally. Mr. Horn made a Motion that such Members of the Society as are called from home on his Majesty's Service be exempted from the usual Fines during their absence. Mr. Ingham seconded the motion, which was unanimously agreed to. Messrs. Keenlyside and Brumwell appointed to read Papers at next ordinary Meeting.

April 2nd.—Mr. Leighton, Sen., in Chair. Mr Keenlyside read a Case, in which symptoms of Hydrocephalus occurred, and the Digitalis was given with success, after Calomel and other Remedies had been given with no effect. Mr. Brumwell was absent, and did not send his Paper. Doctor Moorhouse and the Secretary are appointed to read Papers.

A Letter of resignation from Doctor Clark was received, and his name was accordingly ordered to be erased from the List of

Members. Being an invalid, he left Newcastle for Bath, where he died and was buried, and in the Abbey there is a marble slab to his memory, which I have seen.

May 7th.—Mr. Leighton, Sen., in Chair. Mr. Bowes Fenwick was ballotted for, and duly elected. Mr. Pringle and Doctor Young are appointed to read Papers at next ordinary Meeting, which is adjourned till first Tuesday in July. Doctor Moorhouse read a Case of Constipation and Ischuria, attended with singular Circumstances. The Secretary read some Observations on the Colica Pictorum.

July 2nd.—Mr. Leighton, Sen., in Chair. Mr. Fife and Mr. Surgeon are appointed to read Papers at next meeting. Mr. Pringle read a Case of Hydrophobia, which terminated fatally. Doctor Young was absent, and did not send his Paper. Mr. Ingham made a Motion that the latter part of the 7th Law of the Society, from the word “unless,” shall be expunged. Mr. Keenlyside seconded the motion, which was agreed to. Meeting adjourned to first Tuesday in September.

Sept. 3rd.—Mr. Leighton, Sen., in Chair. A letter from Mr. Newburn was read, intimating his Resignation.

Doctor Steavenson, proposed by the President, was duly elected. Mr. Hawdon and Doctor Ramsay appointed to read Papers. Doctor Curry, of Northampton, having presented to the Society a Copy of his popular Observations on Apparent Death, with Copies of the Directions and Cautions recommended to be employed in such Cases by the Northamptonshire Society, the Secretary is desired to write a Letter of Thanks to Dr. Curry for his obliging present. Mr. Fife read a Case of Procidentia Uteri successfully treated. Mr. Surgeon was absent, and did not send a Paper. Doctor Wood, as an Article of Medical News, read the history of a Case which terminated fatally with the appearances on Dissection.

Oct. 1st.—Mr. Leighton, Sen., in Chair. Doctor Wood and Mr. Murray appointed to read Papers at first ordinary Meeting after Anniversary, and for this the usual notice to be sent out.

Mr. Hawdon sent a Paper on Ophthalmia, which was read by the Secretary. Doctor Ramsay read some observations on the spreading of Contagious Fevers among the Poor, with a Proposal for the establishment of a Ward for the reception of Patients labouring under these Diseases. Doctor Wood made a motion that Doctor Ramsay's Paper be taken into consideration by a Committee of the Society, and an extraordinary Meeting be appointed for that Purpose. Mr. Pringle seconded the Motion which was agreed to, and the following Gentlemen appointed a Committee:—The President, Doctors Ramsay, Moorhouse, Wood, Steavenson, Messrs. Anderson, Horn, Pringle, and the Secretary.

October 22nd.—Meeting to consider Doctor Ramsay's Paper. Resolved: That it appears to the Committee that the Establish-

ment of a Ward for the reception of Persons labouring under Contagious Fevers, as proposed by Doctor Ramsay, is highly expedient.

Resolved: That such an establishment would be most readily carried into execution by being rendered an Appendage to the Dispensary.

That the Committee recommend it to the Society to confer with the Governors of the Dispensary on the Subject, and that the Advantages of the Institution be pointed out in an Address.

Resolved: That the above resolutions be submitted to the consideration of the Society at their first meeting in November.

Nov. 4th.—Doctor Ramsay in Chair. Anniversary.—Doctor Ramsay, President; Doctor Wood, Mr. Keenlyside and Mr. Horn, V.P.; and Mr. Leighton, Secretary and Treasurer.

The Society having taken into consideration the resolutions and the Address presented by the Committee on Doctor Ramsay's Paper, do approve of the same, and appoint the same Committee to confer with the Governors of the Dispensary, on the subject, at their next Meeting. Doctor Wood and Mr. Murray to read Papers.

This was one of the most important Transactions of the Society.

Dec. 3rd.—Dr. Ramsay in Chair. Mr. Fenwick and Doctor Steavenson appointed to read Papers at next meeting—adjourned till the first Tuesday in February. Doctor Wood read a Case of Typhus, with the Treatment and some observations. Mr. Murray's Paper deferred till next ordinary Meeting.

Feb. 4, 1794.—Doctor Ramsay in Chair. Doctor Pemberton and Mr. Leighton appointed to read Papers. Mr. Murray read a Case of Diabetes successfully treated. Doctor Steavenson read some observations on Uterine Hæmorrhages. Mr. Fenwick, not being able to attend, sent his Paper, which was deferred till next Meeting.

March 4th.—Dr. Pemberton in Chair. Mr. Abbs and Mr. Ingham appointed to read Papers. A Case of Rheumatism, by Mr. Fenwick, was read. Dr. Pemberton read some observations on the treatment of Ulcers, illustrated by Cases. Mr. Leighton, Sen., read a Case of Fracture of the Head of the Femur, with the method of Treatment. He made a Motion that Doctor Pearson be re-admitted an ordinary Member. Mr. Pringle seconded it.

April 1st.—Doctor Ramsay in Chair. Mr. Anderson and Mr. Horn appointed to read Papers. Mr. Leighton, in consequence of a Conversation that took place in the Society, withdrew his Motion. Mr. Horn made a Motion that upon every future ballotting any Member who shall declare in what manner he ballotted, shall be subject to expulsion upon the Fact being proved. Mr. Fife seconded the motion. Mr. Abbs absent, and did not send his Paper. Mr. Ingham being prevented from attending sent a Paper, which was read by the Secretary, on the Hydrocele, in which he

clearly showed the advantages of performing the Cure by Incision, and illustrated his Practice by Cases.

May 6th.—Doctor Ramsay in Chair. Messrs. Keenlyside and Brumwell appointed to read Papers. Mr. Ingham made a Motion that ever corresponding Member of this Society, who wishes to become an ordinary Member, shall be subject to a Ballott. Mr. Anderson seconded, and motion carried.

Mr. Ingham made a Motion, that whatever Conversation takes place on the ballotting for, or expulsion of, a Member, shall be held sacred, and not be mentioned out of the Society on Pain of Expulsion. Mr. Anderson seconded the Motion, which was agreed to.

Mr. Leighton presented a Paper from Mr. Glenton, a corresponding Member, on the Effects of Spirituous Liquors, which was read by the Secretary, and the Thanks of the Society was voted to Mr. Glenton. (This Paper and Dr. Rotheram's Inaugural Address are the only ones that have been preserved by the worthy Secretary.)

Mr. Anderson read a Case of Imperforated Anus, in which the operation was performed with success. Mr. Horn read an Account of the Length of Time in which the Infection of Chicken Pox will apparently lie dormant in the Body. The next Meeting adjourned till first Tuesday in July as usual.

July 1st.—Doctor Wood in Chair. The Secretary and Mr. Pringle are appointed to read Papers at next Meeting, which stands adjourned till the first Tuesday in September.

Mr. Brumwell read a Case of Colic occasioned by a quantity of Carni Seeds, which had been taken in with the Bread, lodging in the Bowels, and was cured by the expulsion of the Seeds.

Mr. Keenlyside was absent, and did not send his Paper.

Sept. 2nd.—Doctor Ramsay in Chair. It was unanimously resolved that a Committee be appointed to revise and arrange the Laws of the Society, and the following Gentlemen were appointed a Committee for that purpose:—The President, Dr. Pemberton, Mr. Leighton, Mr. Anderson, Mr. Horn, Dr. Wood, and the Secretary. Doctor Young and Mr. Fife are appointed to read Papers at next Meeting, which will be held monthly as usual. Mr. Pringle read a Case of Mania which was relieved by the use of Mercury, but the Disease returned. The Secretary read a Case which terminated fatally, with the appearances on Dissection.

Oct. 7th.—Dr. Ramsay in Chair. The Committee presented a Copy of the Laws and Regulations of the Society, arranged and revised, and were desired to prepare the same for printing.

Mr. Fogo, Mr. Greenhow, and Mr. John Cole proposed. Mr. Horn made a Motion, That previous to the public Business at each Meeting the Names of those Members who have incurred Fines, together with the amount of them, shall be read over. Mr. Murray seconded the Motion, which was agreed to. The next Meeting, being Anniversary, to be held as usual at Turner's, and

that the usual resolution and circular be issued, and each Member is requested to meet at two o'clock precisely, and to bring with him a written List of the Gentlemen he wishes to be elected Officers for the ensuing year. The Secretary to enclose in each Circular an account to each Member of his Arrears, with an intimation that the subject of Arrears is to be taken into consideration at that Meeting. Ordered, Tickets for the Anniversary Dinner, at 7s. 6d. a piece, to be distributed to the Members when they come to the Meeting. Mr. Surgeon and Mr. Hawdon are appointed to read Papers.

Mr. Fife read a Case of Colic, attended with obstinate Constipation, which terminated fatally, with an Account of the appearances on Dissection.

Dr. Young was absent, and did not send his paper.

Nov. 4th.—Doctor Ramsay in Chair. At the Anniversary Meeting of the Society, held this Day, Mr. Fogo, proposed by Mr. Anderson, was elected an ordinary Member; Mr. Greenhow, of North Shields, and Mr. John Cole, of the Royal Navy, were elected corresponding Members.

The following Gentlemen were elected Officers for the ensuing year:—Doctor Wood, President; Doctors Pemberton and Steavenson, and Mr. Leighton, Sen., Vice-Presidents; and Thos. Leighton, Secretary and Treasurer. The Laws and Regulations, properly arranged and corrected, were read, and the Secretary was desired to inspect the Printing. (They were printed in 12 mo. form, and a copy is in the Infirmary Library. Tracts, vol. 21.)

Mr. Surgeon and Mr. Hawdon stand appointed to read Papers at next ordinary Meeting.

Dec. 2.—Doctor Wood in Chair. Doctor Ramsay and Doctor Wood appointed to read Papers at next ordinary Meeting, which is adjourned till the first Tuesday in February. Mr. Surgeon and Mr. Hawdon absent, and did not send Papers.

The President proposes, to be taken into consideration at the next ordinary Meeting, the propriety of taken in some of the periodical Publications on Medicine and Surgery, to be paid for out of the Funds of the Society.

Feb. 3rd., 1795.—Doctor Wood in Chair. The Secretary read a Letter from Mr. Abbs, intimating his Resignation, which was ordered to be inserted in the Minutes. The Society, having taken into consideration the President's proposal, do approve the same, and the following are ordered to be regularly taken in from the beginning of the year 1794:—

Doctor Duncan's Medical Commentaries.

The Inaugural Dissertations of the Graduates at Edinburgh.

Medical Facts and Observations, all the Vols.

Memoirs of the Medical Society of London.

Medical and Chirurgical Review, all the numbers.

Mr. Murray and Mr. Bowes Fenwick appointed to read Papers. Doctor Ramsay read some Observations on the Catarrhus Senilis; Doctor Wood some Observations on the Remedies employed in Amenorrhœa, with a Case in which the Ferrum Vitriolum was given with success.

Mar. 3rd.—Doctor Wood in Chair. The Secretary presented a Card from Doctor Pemberton, signifying his resignation, which was ordered to be inserted in the Minutes. The Secretary communicated a Letter from Mr. Glenton, of West Auckland, recommending the Ashes of the Bark of the Ash Tree as a Caustic, and is desired to write a Letter of Thanks to Mr. Glenton for his ingenious Communication. Doctor Steavenson and Mr. Fogo appointed to read Papers. Mr. Murray read a Case of a Painful Affection of the Face successfully treated. Mr. Bowes Fenwick was absent, and did not send his Paper. (Here end the Minutes in the first part of vol. of the MS.)

VOL. II. OF MS.

(After this the minutes have been much abbreviated up to those of the beginning of the present Century.)

April 7th, 1795.—Mr. Leighton, Sen., Chair. There not being a constitution present, the election of a V.P., in room of Dr. Pemberton, who resigned at last meeting, is deferred till next Meeting. Mr. Leighton and Mr. Ingham to read Papers. Mr. Fogo read some Observations on the Rupture of the Gravid Uterus, with a case successfully treated. Dr. Steavenson's Paper deferred till next Meeting.

May 5th.—Dr. Wood, Chair. Dr. Ramsay elected a V.P. Messrs. Anderson and Horn to read Papers on 1st Tuesday in July. No member to keep a book in the 1st circulation, under a fine of 2d. a day. Dr. Steavenson read some Remarks on the Spontaneous Evolution of the Fœtus, with 2 Cases of Arm Presentation, where (the Fœtus being dead) the Delivery was safely performed by dividing the spine. Mr. Leighton some Observations on Injuries of the Head, with Cases. Mr. Ingham sent a Paper, read by Secretary, on the Effects of the Muriated Barytes in Scrophula, with a case in which it was given with good Effects.

July 7th.—Dr. Wood, Chair. Mr. Keenlyside and Mr. Brumwell appointed to read Papers in Sept. Mr. Anderson read a Case of a Person who had taken a large quantity of Laudanum, which terminated fatally. Mr. Horn read a Case of Hæmorrhage from the Penis stopped by the application of Ruspini's Styptic.

Sept. 1st.—Dr. Ramsay, Chair. Mr. Pringle and Dr. Young appointed to read Papers. Mr. Keenlyside read 2 Cases of Anomalous Appearances in the Inoculated Small Pox. Mr. Brumwell related an Account of a Family, in which the Son, Father, Mother, Daughter, and a Child at the breast were affected with Jaundice,

without any apparent cause, and, at the same time, a Son of the Family, who was 30 miles distant, was attacked by the same disease. They all recovered by the usual methods.

Oct. 6th.—Dr. Wood, Chair. Mr. Elliot was duly elected an ordinary Member. The Secretary and Mr. Fife to read Papers. The usual directions as to Anniversary Dinner at Turner's, tickets 7s. 6d. Committee appointed to collect and arrange Papers that have been read to the Society:—Dr. Ramsay, Messrs. Murray, Horn, and Leighton, The President, and Secretary. Mr. Pringle read Case of Dysentery successfully treated with Mercury. Dr. Young absent, and sent no Paper.

Nov. 3.—Dr. Wood, Chair. Elected, Dr. Steavenson, President. Messrs. Anderson and Keenlyside and Dr. Ramsay, V.P., and Mr. Leighton, Secretary and Treasurer. The Treasurer's Accounts examined and approved of, a Balance of £8 remaining. The Secretary and Mr. Fife to read Papers.

Dec. 1.—Dr. Steavenson, Chair. Messrs. Surgeon and Hawdon to read Papers. The Committee report that, considering the advantages that might result to the Members of the Society from their having an opportunity, at any time, to procure a Persual of any of the Papers, recommend these Regulations:—1. That any Member may have access to any one of the Papers in the Possession of the Secretary, on giving receipt for same, and failing to return such Paper within three days to be fined half-a-guinea. 2. That all Papers be preserved and transcribed on Paper of a certain size provided by the Society. 3. That any Member who chooses to transcribe his own Paper shall return it with the Transcript to the Secretary within a Month after it has been read, under penalty of half-a-guinea. 4. That the Papers transcribed and bound up shall remain with the Secretary, but at the ordinary Meetings shall lie upon the Table for the inspection of the Members.

Also the following rules for Circulation of Books and Pamphlets:—

1st. That a part of the Fines be appropriated for the Purchase of any Periodical or other Publication connected with Medicine or Surgery, which a majority of the Society may approve of.

2nd. The Secretary to act as Librarian, and when he receives any new Book he shall immediately circulate it according to seniority, prefixing a List of Members and the Law afterward mentioned respecting Fines.

3rd. That any Pamphlet may be kept upon the first Circulation for three days, a Duodecimo and Octavo for six days, a Quarto and Folio for fourteen days; after the second circulation, for double the time. Penalty in each case 2d. a day after the time appointed.

4th. Every Member to make immediate Compensation for every Book he may have injured or lost.

5th. A Catalogue of the Books to lie on Table at each ordinary Meeting.

6th. In September, all Books to be returned before the ensuing Meeting in October. Any Member neglecting the order to be fined five shillings.

7th. That the Regulations respecting Papers with the List of them, and also those respecting the Circulation of the Books and Pamphlets, be printed and annexed to the Laws and Regulations of the Society.

The Secretary read a Case of Tetanus from a Fracture of the Thumb, which terminated fatally. Mr. Fife read a Case of a Still-born Child, and proposed the following Question for next Meeting: Supposing a Child born in a state of Asphyxia, the circulation in the Chord continuing, whether is it proper immediately to interrupt that circulation by making a Ligature and dividing the Chord, or to wait until the pulsation in its Arteries spontaneously ceases?

Feb. 2, 1796.—Dr. Steavenson, Chair. Drs. Ramsay and Wood to read Papers. Mr. Horn moves that two be appointed to wait upon those who are in arrears, with request to pay their Fines.

Mr. Fogo seconded, and Messrs. Anderson and Brumwell were appointed.

Messrs. Surgeon and Hawdon were absent and did not send their Papers. The consideration of Mr. Fife's question, and of the Printing of Regulations, &c., deferred till next Meeting.

March 1st.—Dr. Steavenson, Chair. Messrs. Murray and Bowes Fenwick to read Papers. Messrs. Anderson and Brumwell having called upon those in arrears and not succeeded, Dr. Ramsay and Mr. Elliot were appointed to make another application. The above Regulations ordered to be printed, and Mr. Fife's quere again deferred. Dr. Wood sends a letter with abstract of a Paper. Dr. Ramsay read a Case of Hydrocephalus internus which terminated fatally, with the appearances on Dissection.

April 5th.—Dr. Steavenson Chair. President and Mr. Fogo appointed for Papers. Mr. Fife being absent, his question again deferred.

Mr. Murray read a Case of inflammation and mortification of the urinary Bladder, in consequence of external injury, which terminated fatally.

Mr. Bowes Fenwick absent and sent no Paper.

May 3rd.—Dr. Steavenson, Chair. Resolved unanimously that Messrs. Surgeon, Hawdon, and Bowes Fenwick having declined attending the Meetings, and having been called upon to pay up their Fines without effect, shall be expelled according to the 6th Rule, if they do not pay up their Fines previous to next Meeting, and that the Secretary do send a Copy of this resolution to each of the above-named Gentlemen.

The Question of Mr. Fife: it was by many ingenious observations determined that in Cases of Asphyxia from great Debility the Umbilical Chord ought to be tied as quickly as possible. Mr. Fogo

read some observations on the question. Papers of Dr. Steavenson and Mr. Fogo deferred till next meeting. Messrs. Elliot and Leighton to read Papers at Meeting adjourned to first Tuesday in July.

July 5th.—Mr. Anderson, Chair. The three Gentlemen named at last Meeting having neglected to pay up their Fines are expelled.

A new method of destroying Infection by means of the oxygenated muriatic Acid, translated from the French by Mr. Kentish, was communicated by Dr. Ramsay. The President sent a Paper containing observations on the Palsy of the lower Limbs from a diseased Spine, and 3 Cases successfully treated by Issues. Mr. Fogo read a Case in Midwifery attended with some uncommon Circumstances. The other Papers put off till September.

Sept. 6th.—Mr. Anderson, Chair. Mr. Leighton, Sen., produced an aborted Fœtus, sent by Mr. Watson, of North Shields, at about the 4th or 5th month, which had no eyes, nose, or ears. Both feet and one hand were clubbed, and the Legs crossed in the Manner used by Taylors. The umbilical Chord was fixed to the left arm. It was agreed, on a Proposal of the President, that there should be a subscription of 5s. each to defray the Expences incurred at Turner's on the Delivery of the Cup to the Secretary. (This is all that the modest Secretary has entered respecting a Silver Cup presented to him by the Members of the Society. The Cup is now, March, 1891, in the possession of Mr. S. W. Rayne, his nephew, and a photo of it has been taken and is here given.)

Messrs. Ingham and Anderson to read Papers. Mr. Elliot read a Case of a Woman who had been afflicted many years with Colic supposed to arise from eating Plumb Stones, and which was effectually relieved by the evacuation of two Calculi, which, with a drawing, were shown.

Mr. Leighton read a Case of White Swelling in the Knee successfully treated by the Muriated Barytes. This salt was being employed in Paris Hospitals in 1835.

Oct. 4.—Mr. Anderson, Chair. Mr. Watson, of North Shields, elected a corresponding Member. Anniversary Meeting as usual at Turner's next month. Tickets 7/6 each. Messrs. Horn and Keenlyside to send Papers. Mr. Ingham read some observations on the Operation for the femoral Hernia, and a Case in which the Operation was performed with success without dividing Poupart's Ligament. Mr. Anderson read a Case of Scirrhus Stomach.

Nov. 1.—Dr. Steavenson, Chair. Elected—Mr. Horn, President; Mr. Leighton, Mr. Ingham and Mr. Anderson, V.P.; and Thos. Leighton as before.

The Treasurer's Accounts examined and approved of.

Messrs. Horn and Keenlyside appointed to read Papers.

Dec. 6th.—Mr. Horn, Chair. Mr. Pringle's letter, desiring his name to be withdrawn from the list of Members, was read, and

the Secretary was desired to erase his name. Mr. Brumwell and the Secretary to read Papers.

The President read the Case of a Child who had died of an Atrophy, with the appearances on Dissection.

Mr. Keenlyside was absent, and did not send a Paper.

Meeting adjourned to February.

Feb. 7th, 1797.—Doctor Young and Mr. Fife to read Papers.

Mr. Brumwell read a Case of a violent Vomiting of Blood successfully treated.

Mr. Leighton, Jun., read a Case of inflammation of the Bowels which terminated fatally, with the appearances on Dissection.

Mar. 7th.—Mr. Horn in Chair. Dr. Ramsay and Dr. Wood to read Papers.

Doctor Wood was absent, and did not send a Paper.

Mr. Fife read a case of *Petechiæ sine Febre* successfully treated.

The Secretary read a letter from Dr. Wood, apologising for his non-attendance and not sending Paper, having been in the country indisposed. Dr. Wood and Mr. Murray to read Papers next Meeting.

Mr. Ingham proposed the following Resolutions, which were unanimously agreed to:—

1. That this Society do resolve to subscribe and procure pecuniary Donations from the affluent and humane towards the Establishment of a Fund for carrying into Execution a Plan of Maintenance and Relief for the Widow and Children of the late Mr. Edw. Pringle.

2. That five of the Society be appointed a Committee to confer with the Widow or Exrs. of the Will of the late Mr. E. Pringle, and to manage the Fund, such management being subject to the Controul of a Majority of the Society.

3. That the Committee consist of Drs. Ramsay and Wood, Messrs. Leighton, Keenlyside, and Ingham.

4. That any three shall be competent to act.

5. That the Committee have power to convene Meeting of Society at any time, &c. The Committee to get information for the Society as to the situation of Mr. Pringle's family before plan is executed.

Dr. Ramsay read a Paper on the Specific Powers of Medicine.

May 2nd.—Mr. Horn, Chair. Mr. Kentish was duly elected a Member. Dr. Steavenson and Mr. Fogo to read Papers. Dr. Wood read first part of a Paper on Hydrophobia. Mr. Murray read some Observations on the good effects of the *Cerussa Acetata* in Internal Hæmorrhage, with some Cases successfully treated.

The Society adjourns for two months, as is usual at this season.

July 4th.—Mr. Ingham in Chair. Dr. Wood read the rest of his Paper on Hydrophobia. Dr. Steavenson's and Mr. Fogo's Papers deferred till next Meeting.

September 5th.—Mr. Horn, Chair. Mr. Elliot to read Paper. Dr. Steavenson moved that every Member shall deliver his sentiments standing. Mr. Leighton seconded.—Carried. Mr. Kentish moved that after the Paper has been read, the President shall ask each Member, beginning on his right hand, to give his opinion on the subject. Mr. Fife seconded, and motion carried. Dr. Steavenson read some Observations on Consumption, with two Cases in which the Muriated Barytes was given with good effects. Mr. Fogo's Paper deferred.

Oct. 3rd.—Mr. Horn in Chair. Usual notice of yearly Meeting, and Dinner at Turner's; tickets, 7s. 6d. Messrs. Kentish and Leighton for Papers. Mr. Fogo read Observations on the opinions of Medical Writers on the Causes of the Uterine Discharge, with some hints on the Treatment of Women, when it is suppressed. Mr. Elliot's Paper deferred.

Nov. 7th.—Mr. Horn, Chair. Anniversary. It was resolved that the Society unanimously appoint Drs. Ramsay and Wood, Messrs. Ingham, Keenlyside, and Leighton, Sen., Trustees for Managing Five Hundred Pound Stock in the Three per cent. Consolidated Funds, vested in the name of Mr. Keenlyside, for the benefit of Mrs. Pringle and her children.

Mr. Ingham moved, and Mr. Anderson seconded, that the Trustees, or a majority of them, shall be competent to act in disposing of the whole or any part of the above sum, on the application of Mrs. Pringle for the benefit of herself and children. The Trustees communicating to the Society every transaction at a subsequent meeting. That the Half-year's Dividend shall be paid as due by Mr. Keenlyside to Mrs. Pringle. (No account of the decease of Mr. Pringle.)

That the President inform Mrs. Pringle of the above, and write a letter to Mrs. Abbs, expressing the high sense of her kindness, and the obligations we are under for her assistance in forwarding the Subscription. Officers elected :— Mr. Keenlyside, President ; Dr. Ramsay, and Messrs. Fogo and Horn, V.P. ; Thos. Leighton, jun., as usual. Mr. Elliot's paper deferred, and Mr. Kentish and Mr. Leighton to read Papers.

Dec. 5th.—Mr. Keenlyside, Chair. Mr. Horn presented Mrs. Pringle's answer to letter containing the above resolutions. Mrs. P.'s letter, signed Eleanor Pringle, inserted in Minutes. Mr. Ingham sent in his resignation. Mr. Elliot, being ill, sent a Case of Hydrocephalus attended by peculiar circumstances. Other Papers deferred.

Feb. 6th, 1798.—Mr. Fogo, Chair. Mr. Kentish read a Case of Fracture of Cranium terminating fatally, with the appearances on Dissection. Mr. Leighton's Paper deferred. Mr. Anderson to read Paper.

March 6th.—Mr. Keenlyside, Chair. Mr. Kentish moved, and

Dr. Wood, seconded, that the Members of the Society do subscribe one guinea annually towards establishing a Library of Medical and Chirurgical Books. Motion to be considered at next Meeting.

Mr. Leighton read a Case of Gout, terminating fatally. Mr. Anderson a Case of Bubonocoele, operation performed with success at a late period. Discussion deferred till next Meeting. Mr. Horn to read a Paper.

April 3rd.—Mr. Horn, Chair. Mr. Kentish's Paper deferred. Mr. Anderson's considered. Mr. Horn read 2 Cases of Inoculated Patients attended with peculiar circumstances. The President and Mr. Brumwell to read Papers.

May 1st.—Mr. Keenlyside, Chair. Mr. Kentish withdrew his Motion. President read Case of Repeated Inoculation attended with singular circumstances. Mr. Brumwell absent, did not send a Paper. The Secretary and Dr. Young to read Papers next Meeting, adjourned, as usual, to July.

July 3rd.—Mr. Horn, Chair. Mr. Leighton moved, Mr. Anderson seconded, that one Member, instead of two, be appointed to read Paper. Discussion deferred till October. Secretary read Case of Incarcerated Hernia, in which the operation was performed successfully.

Dr. Young absent, and sent no Paper. Mr. Fife and Dr. Ramsay to read Papers in September.

Sept. 4th.—Mr. Keenlyside, Chair. Mr. Fife read two Cases of Tænia, in which the Male Fern Root was given with complete success. Dr. Ramsay sends his Paper, the reading of which, on account of the lateness of the hour, several of the Members being obliged to withdraw, was deferred till next Meeting. Dr. Wood and Mr. Murray to read Papers.

Oct. 2nd.—Mr. Keenlyside, Chair. Mr. Leighton's motion agreed to. Dr. Wood moved, and President seconded, that after the private Business is transacted, the President, before the reading of the Papers, shall ask each Member in rotation for an account of the prevailing Diseases that have occurred to him since the last Meeting.* Next Meeting, Nov. 7th, the Anniversary, the usual notice issued—Dinner Ticket, Turner's, 10s. 6d. Dr. Ramsay read a Case of Apoplexy successfully treated, with observations. Other Papers deferred. Dr. Steavenson to read a Paper.

Nov. 6th.—Mr. Keenlyside, Chair. Officers elected:—Mr. Anderson, President; Dr. Ramsay, Mr. Leighton, and Mr. Horn, V.P.; and Thos. Leighton, Secretary and Treasurer. Treasurer's accounts examined; Ballance 3s. 3d. Drs. Wood and Steavenson and Mr. Murray to read Papers (in spite of previous resolution).

Dec. 6th.—Mr. Anderson, Chair. Dr. Wood read observations

* The first occurrence of this excellent regulation.

on the use of the Ferrum Vitriolatum in Dropsy, with successful cases of its use. Papers deferred till February. Mr. Fogo to read a Paper.

Feb. 5th, 1799.—Mr. Anderson, Chair. Mr. Murray read a Case of Prurigo Podicis successfully treated. Other Papers again deferred.

March 5th.—Mr. Anderson, Chair. Mr. Fogo read two Cases with observations. Dr. Steavenson's Paper deferred owing to his illness. Mr. Elliot to read Paper in rotation.

April 2nd.—Mr. Anderson, Chair. Dr. S.'s Paper again deferred. Mr. Elliot absent; did not send his Paper. Mr. Kentish to read Paper.

May 7th.—Mr. Anderson, Chair. Dr. Steavenson read Case of Indurated Testis, complicated with Hydrocele, successfully treated.

Mr. Kentish read a Case of Gangrene of the Toes, where Amputation was performed, followed with peculiar circumstances, and a cure was completed. Mr. Leighton to read paper.

July 2nd.—Mr. Anderson, Chair. Mr. Kentish's Paper considered; Mr. Leighton's deferred. The Secretary proposed, and Mr. Kentish seconded, the following Question, to be considered at next Meeting:—Is bleeding proper in Phrensy and Apoplexy from hard drinking? The President to read Paper at next Meeting.

Sept. 3rd.—Mr. Anderson, Chair. Mr. Whitfield Burnett, of North Shields, duly elected a Corresponding Member. Mr. Horn to read Paper. The Secretary's question discussed (Result not recorded).

Oct. 1st.—Mr. Anderson, Chair. Next Meeting, Anniversary, President appoints to be held as usual at Turner's, at 2 o'clock precisely, and requests every member to bring with him a written list of the Gentlemen he wishes to be elected Officers for the ensuing year. Mr. Leighton read two Cases of Strangulated Hernia, in which spontaneous cure took place. Mr. Anderson's and Mr. Horn's Papers were deferred till the next Meeting. Mr. Keenlyside to give in a Paper.

Tickets for Dinner at half-a-guinea each.

Nov. 5, 1799.—Anniversary. President, Mr. Brumwell; Dr. Wood, Mr. Kentish, and Mr. Fife, V.P.; and Thos. Leighton, Secretary and Treasurer. Treasurer's Accounts examined. Balance in hand, £2 15s. 0d. Mr. Horn, Mr. Anderson, and Mr. Keenlyside to read Papers. Dr. Steavenson resigns.

Dec. 3rd.—Mr. Brumwell, Chair. Mr. Leighton and Mr. Keenlyside resign. The Secretary requested to demand Mr. Keenlyside's Fine for not sending his Paper. Mr. Anderson read a Case of Locked Jaw successfully treated. Mr. Horn moved, and Dr. Young seconded, that a Committee be appointed to inspect the Papers given in and select such as they would recommend for Publication, viz.:—The President, Drs. Ramsay, Wood, and Young,

Mr. Kentish, Mr. Horn, and the Secretary. Mr. Horn's Paper deferred till February. Mr. Brumell to give in a Paper.

Feb. 4th, 1800.—Dr. Wood in Chair. Committee reported and requested to continue. Mr. Horn read a Case of Psoas Abscess successfully treated. Mr. Brumwell absent and sent no Paper. Secretary to read a Paper.

March 4th.—Dr. Wood in the Chair. The Secretary, prevented by indisposition from attending, sent a Case of Laceration of the Tongue healed by the first intention.

Dr. Young appointed to read a Paper.

April 1st.—Dr. Wood, Chair. Mr. Anderson moved, and Mr. Fogo seconded, that the Society do adjourn till the first Tuesday in September. Agreed to. Dr. Young sent a Paper—a Case, sent to him by Mr. John Dryden of Aldston, of enlargement of Abdomen, for which Paracentesis was performed seventeen times, and by which 140 Quarts of purulent matter was discharged. Mr. Fife read a Case of a Woman, who, by falling from the Top of the Prison of Newgate, received a compound fracture of the Os Humeri, which was broken off from its head, close to the insertion of the capsular Ligament; also a Fracture of the Radius, a wound of the Lungs by the broken ends of the 8th and 9th Ribs, and a Laceration of the Diaphragm, through which the Stomach and part of the Intestines had got into the left side of the Thorax. This Paper to be read again at next meeting in September. Dr. Ramsay is also appointed to read a Paper.

Sept. 2nd.—Mr. Brumwell, Chair. Secretary desired to collect all the Papers that were circulated in the Committee appointed to select those proper for Publication.

Resolved: That Dr. Young having been absent for three successive meetings, the Secretary be desired to transmit to him an account of Fines due, with a Copy of the 6th Law respecting Meetings. Mr. Fife's Case was discussed, and Dr. Ramsay appointed to read a Paper.

Oct. 6th.—Mr. Brumwell, Chair. President proposed that the Society shall hold its anniversary at the Dispensary, and that the appointment of a Day for the usual Dinner be deferred till that meeting—unanimously agreed to. Dr. Ramsay read some observations on the Fever that prevailed in the Town in the latter end of last, and beginning of the present year.

Nov. 4th, 1800.—Mr. Brumwell, Chair. Anniversary. The following resolutions passed: That Dr. Young having been absent from three successive Meetings, and an account of his Fines having been sent to him, with a Copy of the 6th Law, and not having complied with the Law by paying his Fines, he is no longer considered a member of the Society.

Resolved: That all the property of the Medical and Philosophical Society be transferred to the Medical Book Club.

Resolved : That the Medical and Philosophical Society be finally dissolved.

The resolution was carried into effect.

No reason is given for the dissolution of the Society, which had been in existence for just fourteen years.

It is to be hoped that neither from lack of interest in the Proceedings, for many interesting cases had been related, nor from want of attendance, and the non-reading of promised papers, nor from an inability on the part of Members to produce written Essays, nor from a reluctance to be fined, and expelled as defaulters, nor from too profuse convivial expenditure at Turner's, nor from any other cause of internal dissension, was the Society dissolved, but that the superior attractions and advantages foreshadowed by the circulation of Books and Pamphlets for the previous five years had gradually loosened the cohesion which had up to that time kept the Members tolerably together.

However that may have been, 13 Members of the Society, convinced of the value of easy access to Medical literature, had, two years before the demise of the Society, formed a Book Club, under certain Regulations, which, under a change of name, became and continued for many years to be, the representative Medical body of the town.*

THE MEDICAL BOOK CLUB.

On May 7th, 1796, the following Members of the Philosophical and Medical Society, at a Meeting held this Day, formed themselves into a Medical Book Club, under certain regulations :—

Present—Mr. Anderson, Mr. Horn, Mr. Keenlyside, Mr. Fife, Dr. Ramsay, Dr. Wood (resigned July 17, 1804), Mr. Fogo, Mr. Kentish (resigned Jan. 19, 1803, and went to London), Mr. T. Leighton, Mr. T. Leighton, jun., Mr. Murray, Mr. Brumwell, and Mr. Elliott.

Members elected afterwards up to 1806—Mr. Edward Smiles, Oct. 17, 1804 ; Mr. Westgarth, Nov. 21, 1804 ; and Dr. McWhirter, Sept. 18, 1805.

Regulations of the Medical Book Club :—

1st. That the Club shall consist of thirteen Members, who shall contribute annually half-a-guinea for the purchase of Books.

2nd. That the meetings be held at each other's houses, in rotation, on the third Wednesday of every month, to commence at eight o'clock, and break up at eleven.

3rd. The Member at whose house the Club meets shall act as President, and the Secretary shall announce the time of breaking up.

* NOTE.—A list of the addresses, papers, and cases brought before the Philosophical and Medical Society will be found printed in Medical Tracts, vol. 21, in the Newcastle Medical Library. A list of the books belonging to the Book Club is in vol. III. of the MSS. of the Secretary.

4th. The Member at whose house the Club meets shall furnish a Supper, consisting of Cold Beef, Bread and Cheese, Malt Liquor, and Spirit and Water. If any Member wishes for Wine, he may call for it.

5th. If any Member fails to receive the Club at his own or any other house, he shall forfeit one guinea.

6th. If any Member shall transgress Regulation fourth, by producing more than is specified, he shall be subject to a Fine of Five Shillings, and, if he urges any Member to drink, he shall forfeit Half-a-Crown.

7th. The Business of the Club to be finished before Supper, such as ordering Books, receiving Fines, &c., &c.

8th. Each Member in his turn shall receive a new Book first, and afterwards to circulate in rotation ; and if more than one Book is received at a time, the Members to have their choice of the Books in the same order.

9th. All Books in circulation shall be produced at each Meeting of the Club under a penalty of one shilling.

10th. No Book shall be kept longer than three Days and three Nights, under a penalty of Sixpence a Day.

11th. After a Book has circulated once, it may be taken by any Member and kept for the space of a week. If he then fails to return it, he is to be fined as at first.

12th. When a Book has finished the Circulation, a Majority of the Members shall determine how it is to be disposed of.

13th. The Fines shall be collected at each Meeting, and to be appropriated to the purchase of Books.

14th. In case of a Vacancy in the Club, a new Member to be elected by Ballott, and the Candidate to be proposed by a Member at the Meeting previous to that at which the Ballott takes place, and must have the unanimous Suffrages of the Club.

15th. A Secretary and Treasurer shall be annually appointed by the Club.

May 16th, 1798.—First regular Meeting at Mr. Kentish's. The regulations were read and approved of. Thos. Leighton was elected Secretary and Treasurer for the ensuing year, and the Members paid one year's Subscription in advance.

May 16, 1798.—The following new Publications were ordered (the list is continued at the end of "Vol. iii., Med. Book Club.") :—

Saumarez's Physiology.

Crowther on the White Swelling.

Willan on Diseases of the Skin.

Abernethy's Surgical and Physiological Essays.

Hunter on Vegetable and Animal Parturition.

Baynton on Old Ulcers of the Legs.

Currie on Effects of Cold and Warm Water.

On Nov. 20, 1799, It was resolved, That the Books belonging

to the Club be lodged in a Book Case, in the possession of the Librarian of the Literary and Philosophical Society, where the Members may have access to them under the Regulations that already exist.

On the 19th Nov., 1800, The Secretary informed the Club that the Medical and Philosophical Society, which is now dissolved, transferred, by unanimous vote, all the property belonging to it to the Medical Book Club; and on

Dec. 2nd, At an extraordinary Meeting of the Members of the Medical Book Club, held at Turner's, the following Resolutions were unanimously entered into:—

The Medical and Philosophical Society being dissolved, and the Property belonging to it being transferred to the Medical Book Club—

Resolved: That it shall in future be called The Medical Society.

Resolved: That the Laws originally framed by the Book Club shall remain in force, except such Alterations as may be deemed necessary.

Resolved: That the Society shall meet at seven o'clock instead of eight.

Resolved: That the President shall take the chair at seven o'clock, that three shall be a quorum, and that the ordering of Books and examining the circulation shall be finished at half-past seven o'clock, and such Members as are not present at that time shall be fined one shilling.

Resolved: That the gentleman at whose house the Society meets shall act as Scrutineer. That all Papers be sent to the Secretary, and to be read in rotation.

Resolved: That a form of public and private business be laid before the President at every Meeting.

On the 17th of December, 1800, a discussion took place on the Necessity and Propriety of increasing the Charges usually made in this town and neighbourhood for Medicines, Attendance, and Journeys, &c. And it was resolved that a Committee be appointed to digest such Rules as may be necessary to carry the above matter into effect; that such Committee shall consist of Messrs. Anderson, Elliot, Kentish, Fife, and the Secretary, and to meet on the 2nd Tuesday in January, at Turner's, at 7 o'clock in the evening; and that it be an Instruction to such Committee to consider of the subject proposed by Mr. Kentish respecting an Address to the Public.

January 21, 1801.—The Population of Newcastle was now 28,366. The following Form of conducting the private and public Business of the Society was proposed and agreed to:—

Private Business.—List of Members present, Examining the circulation, Collecting of Fines, Ordering of new Books.

Public Business.—An account of prevailing Diseases, Medical News, Reading of Papers, Review of New Publications, &c.

The Committee appointed at the last Meeting to take into consideration the Charges for Medicines, Attendance, &c., gave in a Report; but it being judged foreign to the business of the Society in general, the subject was referred to the Surgical Members.

August 19th.—The following motions were made by Dr. Wood, to be taken into consideration at the next meeting:—

That the President for the night shall produce a Paper or Case, or shall propose some Medical Subject for conversation.

That the Supper shall not be confined to cold Beef, but that any kind of cold Meat may be allowed.

That if there is not time to go through the whole of the public Business before Supper, the President shall resume it after Supper.

Sept. 16th.—Only the third proposition was approved of.

On the 1st Wednesday in December, the Anniversary Meeting was held at Turner's, but there is no entry of the proceedings. The Club had recognized the fact that cold beef does not agree with every one.

On January 19th, 1803, "Dr. Ramsay announced to the Society the Resignation of Dr. Kentish, who has left the town."

May 18th, 1803.—This Meeting being the Sixth Anniversary of the Institution of the Society, the Members paid their Annual Subscription to the Treasurer. (This was the usual custom.) The Treasurer produced his accounts, by which it appeared that after paying Mr. Charnley's Book Bill for the last year, a Ballance of seventeen Shillings and three Pence would remain in his hands.

Nov. 16th.—Resolved: That the Society hold an Anniversary Meeting on the first Wednesday in December, at Turner's Inn.—That the Secretary be requested to send notice to the members in due time. That any member may introduce a Medical Friend not resident in the Town.

Dec. 21st.—The Anniversary Meeting was deferred on account of the approaching Death of our worthy Associate, Mr. Keenlyside. Mr. K. died (the Secretary has taken care to note) on Sunday, the 4th inst. (This entry must have been made in January, 1804.)

Oct. 17th, 1804.—Mr. Edward Smiles, proposed at last meeting by Mr. Horn, and seconded by Mr. Leighton, was duly elected a member of the Society.

Dr. Wood moved that the Papers read and now in the hands of the Secretary be returned to their respective authors, and unanimously agreed to.

Nov. 21st.—Mr. Westgarth was duly elected a member of the Society.

Feb. 20th, 1805. The following Resolutions were proposed and agreed to:—

That the Books belonging to the Society be disposed of among the Members, except the following Publications, viz., The Medical and Physical Journal, The Medical and Chirurgical Review, Edin-

burgh Medical and Surgical Journal, Willan on the Diseases of the Skin, and Cheyne's Essays on the Diseases of Children.

That a Committee of three members be appointed to divide the Books into thirteen equal Lots, and that the members shall draw lots for them, and that Mr. Murray, Mr. Smiles, and the Secretary be the Committee.

At the Anniversary Meeting, on May 15th, 1805, the Ballance in hands of the Treasurer was £7 9s. 5d.

July 17th.—Dr. Wood sent in his Resignation, which was accepted.

September 18th.—Dr. McWhirter proposed by Mr. Murray, and seconded by Mr. Elliott, was duly elected a member of the Society.

January 15th, 1806.—Mr. Horn proposed, That the Members of this Society do take into consideration the Propriety of taking Counsel's Opinion how far a Physician or Surgeon is obliged to attend in Criminal Cases to give Evidence, what remuneration he is entitled to, and from whom he may demand it.

Also, The Propriety of the Physicians and Surgeons requesting the Public, by a General Advertisement in the Newspapers, to send to them before nine o'clock in the Morning, except in cases of Emergency.

On the 19th of March, it was determined to take Counsel's Opinion on the first Motion, and Mr. Horn was appointed to consult Mr. Losh on the Case.

The second motion was also agreed to, and a Committee appointed to call upon the Physicians and Surgeons in Town who are not Members of this Society, to request them to join in the measure. Dr. McWhirter, Mr. Murray, and the Secretary, were named a Committee.

April 16th.—The above Committee reported that they had called upon those Gentlemen and that they approved of the measure, except Mr. Abbs and Mr. Bowes Fenwick. (These two gentlemen had been members of the defunct Medical and Philosophical Society. The former had resigned, and the latter was expelled.)

Resolved: That a General Meeting of the Medical Faculty be called on Wednesday, the 20th inst., at seven o'clock in the evening, at the Shakespeare Tavern, to carry the above measure into effect.

The Medical and Philosophical Society has now been traced from its birth in 1786, to its dissolution in Nov., 1800, and its successor, The Medical Book Club, through the first six years of its existence. A period of twenty years has thus been covered. Further details, which are in the Records, are withheld as likely to be tedious, and coming too near to the present time. I cannot part, however, with my old master without a special notice of his services to the above Societies. Mr. Thomas Leighton was chosen as Secretary and Treasurer of the first named body at its origin in

1786; he continued in office, and participated in its dissolution; he served The Medical Book Club and The Medical Society up to Dec. 16th, 1846—a protracted period of sixty years. An entirely punctual and faithful man! On the date just named, on account of his advanced age and precarious state of health, he “was under the painful necessity of resigning the office of Secretary and the Membership of the Society.”

His Portrait, in miniature, by Carrick, was subscribed for among his friends, and presented to him 1835, and at his death came into possession of his only surviving daughter, and then his nephew, Mr. S. Rayne, M.R.C.S.

He was succeeded by Mr., afterwards Dr., Thomas Michael Greenhow.

He resigned the Secretary's office on the 18th April, 1860, and died at Chapel Farm, Leeds, æt. 86. Dr. William Francis De Mey was then unanimously elected successor to Dr. Greenhow, and continued in office till March 17th, 1875, when the Medical Society, being seventy-five years old, died of inanition. Rule No. 4, of Spartan simplicity, was broken through, and became habitually infringed; luxurious suppers took the place of frugality and medical discussions; Members fell off and, as in the original Society, some would not pay their fines; and the Supper Society, as it got to be called, ceased without any formal vote or resolution. There were one or two other Societies formed who drank tea, but these, I believe all died a natural death.

The Newcastle-upon-Tyne School of Medicine and Surgery was, as stated under head of Barber Surgeon's Company, commenced in the year 1834.

On March 25th of 1834, “The Society of Physicians and Surgeons,” otherwise “The Medical and Surgical Society,” was initiated at a General Meeting of the Profession, held by permission in the Building of the Literary and Philosophical Society. Fifty-nine ordinary Members and four reading Members enrolled themselves. Dr. Headlam was President, and Dr. Greenhow, Secretary. The commencement of a Medical Library was started, to which Dr. Headlam made a valuable contribution.

On April 13, 1847, this Society, on account of want of interest of the Members in its proceedings, and some financial difficulties, owing partly, as in the old Society, to Members not paying fines due, was dissolved, and its Library transferred to the young School of Medicine and Surgery, in whose possession it remains.

Lastly, the Newcastle and Gateshead Pathological Society held its first Meeting in the Library of the Infirmary, Oct. 19, 1848. Its title was afterwards changed to its present one, “The Northumberland and Durham Medical Society,” and it boasts now of 170 Members. *Esto perpetua!*

Such has been the succession in Newcastle-upon-Tyne of Medical

Societies for mutual improvement and for the advancement of Medical Science and the welfare of the Profession.

A brief retrospect of the chief subjects for discussion, mentioned in the minutes of the meetings of the Philosophical and Medical Society is here appended.

If a comparison were to be instituted between those minutes and the proceedings of the present Medical Society, not only a considerable difference, but an immense advance, both in quantity and quality, will at once be evident.

Nevertheless, the profession of to-day ought to feel itself deeply indebted to those pioneers of a century ago, formally pacing the streets in blue coats with bright buttons, frilled shirts, thick white neckcloths, drab or white cords, top boots, who, through many difficulties and discouragements, laid the foundations of our Medical Charities, and evoked an unceasing flow of public and private benevolence, and who initiated the Medical Society of the present day, and the free inter-communication of the results of medical and surgical experience in this town. No one can estimate the amount of benefit conferred on the community, especially on the indigent and sick part of it, by the enlightened, untiring, and unpaid efforts of the medical profession of past years.

It is, as has already been said, to be regretted that the minutes of the Meetings of the Philos. and Med. Society are so scanty, and that the 'peculiar circumstances' which seem to have attended so many of the cases related have been passed over in silence. We are left ignored of the arrangements and effects of Mr. Logan Henderson's electric phials and Savigny's instruments. The Secretary tells nothing about the success of the attempts to recover the apparently asphyxiated, or about Doctor Clark's experiments relative to Smallpox, or what were the many ingenious experiments of Doctor Young to prove that the matter of gonorrhœa was different to that of chancre, though we see that the same gentleman controverted the previous opinion of John Hunter, that the body is incapable of receiving two diseased actions at the same time.

That the Society should have purchased a Lottery Ticket may excite a smile; it seems now like a puerility—no prize was drawn. 'Hydrocephalus intermus' seems to have been not uncommon. The action of Mercury in Cataract and Hydrocephalus was found nil. Ruspini's styptic (which has been advertised again of late) was found useful in hæmorrhages. Cardamine (pratensis, which grows on Town Moor) cured a case of Hysteria. Consumption and white swelling of the knee were at times treated with Muriated Baryta. (The same medicine in white swellings of the knee in similar scrophulous cases was in use in the Hospital La Pitié, Paris in 1834-35, when I was a student there.

Cases are mentioned of fatal tetanus and of no Pasteur hydro-

phobia, and of strangulated Hernia successfully treated by bleeding ad Deliquium. Paracentesis thorasis successfully performed, and Diabetes successfully treated.

MORE CASES TO NOTICE.

It may be noticed that there is a curious case of jaundice in a whole family, and another of a peculiar monstrosity. "The bark"—the Jesuits bark—was beginning to be used in fever.

The instance of a charitable fund having been raised for the relief of the widow and children of Mr. Pringle, a member of the Society, was highly creditable to the Society, shewing that there existed among the members a true *esprit de corps*.

As long as the Philosophical and Medical Society lasted they had, as similar Societies now have, considerable difficulty with members who, after having been appointed, and promised to read papers, have not kept their word, and the non-payment of fines was often a source of discussion and the cause of expulsion of defaulters.

The Society usually had yearly recesses, that is from July to September, and from December till February. It will be observed that towards the end of its career the Society had become the Medical and Philosophical instead of its former title, owing either to a mistake of the Secretary or to the Medical surpassing the Philosophical work performed.

About the time when the Philosophical and Medical Society was established (1786), Newcastle-upon-Tyne was waking up to a consciousness of possessing increasing population, wealth, talent, energy, and importance, and, in consequence, was struggling to advance as well in internal improvement as in external communications, and the Gentlemen of the Faculty doubtless had become convinced that it would be better for the public and themselves that they should be in combination.

A few scraps of information, strung together in chronological order, illustrative of this revival in the "canny toon," may prove interesting to the present generation, and here perhaps find a not inappropriate place—first of the Medical Institutions. Among the founders, supporters, and gratuitous officers of these it will be observed that the medical men of the time, and most of these, were, or had been, members or office-bearers of the Philosophical and Medical Society, were conspicuous in action. The funds for their maintenance being, as usual, provided by a generous public. A great part of what follows is taken from Mackenzie's "History of Newcastle."

BIOGRAPHICAL NOTICES OF MEMBERS
OF THE
PHILOSOPHICAL & MEDICAL SOCIETY OF NEWCASTLE
OF
ONE HUNDRED YEARS AGO.

THE following notices are all that I have been able, within moderate limits, to collect respecting the individual members of the Philosophical and Medical Society

JOHN ROTHERAM, M.D., F.R.S., and S.A. Edin.,

the first President, was Physician to the Infirmary from 1771 to 1786—his death took place March 18th, 1787—to the Dispensary from the date of its institution in 1777; and to the Lying-in Hospital, begun in 1760.—*Mackenzie's History of Newcastle.*

He was born at Kendal, where his father, the Rev. Caleb Rotheram, kept a flourishing academy for the education of Dissenting Ministers about the year 1721. His ordination sermon was preached by Samuel Lowther, August 26, 1756; he died at Kendal, after a pastorate of about 40 years, January 30, 1796.—*Jas. Clephan.*

After graduation at Edinburgh, he first settled at Hexham, and next at Newcastle, in 1760, where he had for many years the most extensive practice as an accoucheur.

He had evidently been selected for the distinction of President as being at that time the most learned and the foremost medical man in the town.

In Sykes's Local Records, new edition, vol. i., at date of 1787, March 18th, the subjoined paragraph occurs:—"Died in Westgate Street, Newcastle, John Rotheram, Esq., M.D. (and was buried in Hexham Abbey). Dr. Rotheram was very eminent in the line of his profession, and had a very extensive practice. He gave public lectures in Mr. Parker's long room, in the Bigg Market, on the nature and properties of water, explaining and illustrating the same by a variety of curious and interesting experiments. On Sept. 22nd, 1770, he published 'A Philosophical Inquiry into the Nature and Properties of Water, with elegant copper-plate figures of the several salts.'"

"According to Dr. Rotherham, the tides commonly flow about $4\frac{1}{2}$ hours, and ebb about $7\frac{1}{2}$ hours at Newcastle bridge, where the perpendicular rise of the river at a spring tide will sometimes

amount to 11 or 12 feet, and at Tynemouth bar to 18 feet. Both these circumstances vary, however, according to the direction of the winds, and the different quantities of fresh water in the river. Impelled by a N.W. wind, the tides frequently rise to a height of 14 or 15 feet; and on the contrary, with a wind from the S.W., a tide of only half the usual height succeeds; and, in some of the great land floods, it is not of sufficient force to stem the current which, under these circumstances, sets downwards during the whole swell of the tide."—*Hist., Direct., and Gazetteer of Durham and Northumberland, &c.*, vol. i. W. Parson and W. White, 1827.

He was the author of "The Pasquinade," which was found posted upon the door of the Exchange in 1771, after the removal of the statue of Charles the Second to that building. "The Pasquinade" is given in Hutchinson's "History of Northumberland," vol. ii., p. 427. He was a staunch Brunswicker.

He had two sons. John, a Physician and Professor of Natural Philosophy at St. Andrew's, and author of "Caroli a Linné Termini Botanici definitionibus electi, atque systematis sexualis explicatio," opere Joh. Rotherham, jun., M.D. Novocastri, Typis Thomæ Saint, venale prostat apud G. Charnley, MDCCLXXIX.

And Captain John Rotherham, R.N., who commanded Lord Collingwood's ship, the "Royal Sovereign," at the battle of Trafalgar, and led her into action with singular skill and bravery.—*Mackenzie's History of Newcastle*.

In a memoir of the justly celebrated wood engraver (written by himself), Thomas Bewick, among the presents of books he had received, notes—"Mr. John Rotheram gave me 'Gesner's Natural History'; with some of these presents I was in raptures." In a foot note he explains—"Mr. John Rotheram, son of the late Dr. Rotheram, of Newcastle, who had been a pupil of the good and great Linnæus." This gift was in 1790 or 1791.

Bewick was then engaged in cutting the blocks for his history of quadrupeds, which he began in 1785, and Captain John Rotheram's present would be particularly acceptable.

Dr. John Hall, Mr. Richard Bryan Abbs, and Mr. Thomas Leighton, as Vice-Presidents, were no doubt next in reputation to Dr. Rotheram at the time of the establishment of the Society.

JOHN HALL, M.D.,

a man of knowledge and talents, had also considerable practice; and besides these there were other medical candidates for the public confidence, of very respectable characters and connections.

He was elected Vice-President, 1786, and President, April, 1787, and re-elected November 2 of same year; was Physician to the Infirmary from 1771 to 1793; resigned his membership of the Society, February 5, 1793. He died in March, and was buried in a vault in All Saints' churchyard, April 21st, 1793, aged 59.

In 1777 he made a proposal, in which he was joined by his friend Mr. Anderson, a surgeon of great respectability, for the establishment of a Dispensary in Newcastle ; and, after some opposition, it was established. He provided for the keeping of accurate journals of the patients and their cases, and distributed very judicious rules for preventing the propagation of contagion. For many years the Dispensary depended chiefly on his exertions, and he drew up the annual reports. In 1780 he published "Observations on Fevers."

He purchased Bellegrove House for a lunatic asylum, of which he was physician, and he built the baths, in Bath Lane. He was not only eminent in his profession, but was also extensively engaged in new and bold commercial speculations.—*Mackenzie*.

In Saint Andrew's churchyard there is a headstone inscribed "In memory of John Hall, Esq., Commander in the Royal Navy, born April 10, 1771, died June 3, 1819, fourth son of John Hall, M.D., Newcastle-on-Tyne." He was buried there at his special request.

STEPHEN PEMBERTON, M.B.,

was Physician to the Infirmary from 1775 to 1800, and to the Dispensary in 1777; wrote a small octavo book "On Abdominal Diseases." Perhaps an ancestor of the Pembertons, of The Barns, near Sunderland, or of Lancashire. Dr. Pemberton was Vice-President of the Philosophical and Medical Society in 1787 and in 1794, and President in 1788.

JOHN CLARK, M.D., F.R.C.P. Ed.,

was son of Mr. William Clark, farmer, of Graden, Roxburgh, born in May, 1744, and intended for the Scotch ministry ; but, preferring the study of medicine, after his early education—first at Linton, and then at Kelso—was sent to Edinburgh. There he was wounded in the head by a slate falling from a house. This accident gave rise to very severe headaches and general nervous complaints, which were soon followed by a disordered state of the organs of digestion, from which he was destined to suffer through life, and to which he succumbed.

He returned to Edinburgh in 1766. There he gained the friendship of the celebrated Dr. Gregory, author of the well-known "Conspectus Medicinæ Theoreticæ," who advised him to seek the possible benefit of a warm climate. He went to London, and was admitted gratuitously to the lectures of Dr. Wm. Hunter.

He went as surgeon's mate in the "Talbot," Indiaman, to Bengal in 1768, and in 1771 made a voyage to Madras, and then to China. On his return to London he attended the hospitals, and published in 1773 his work, "Observations on Diseases that prevail in long voyages to hot climates." For this he received from the Directors

of the East India Company 100 guineas. He resigned his office under the Company, procured a diploma from the University of St. Andrew's, and settled at Kelso in 1773; removed in 1775 to Newcastle, upon Dr. Wilson's quitting it for London in 1775. (Dr. Andrew Wilson had been Physician to the Infirmary from 1772 to 1775.) At that time the powerful influence of Dr. Askew had enabled Dr. Brown* to take a decisive lead in the profession.

Dr. Clark being in extensive practice, on the death of Dr. Brown, in 1787, was in the same year elected Physician to the Infirmary, an office which he vacated in 1804. While there he acted as a reformer in every branch of the management. He recommended to be kept journals of the cases and dissections, monthly and annual returns of the diseases, and the appropriation of a place for the reception of anatomical preparations and of a professional library, which is now one of considerable repute, and the room is the monthly meeting place in winter of the Northumberland and Durham Medical Society.

He proposed an extension of the Infirmary building in 1801, and wished to make the Newcastle Infirmary a model for the rest of the kingdom. He proposed to have fever wards for twenty patients. This gave rise to opposition and controversy, and, although he brought to bear a mass of evidence on the subject, his proposal was rejected in June, 1802.

The disease from which he suffered went on gradually gaining ground. He went to Buxton without benefit; visited Manchester and Leeds; formed the acquaintance of Drs. James Currie, Percival, Ferrier, and White, and Archdeacon Paley. The addition to the Infirmary was effected and a separate Fever House established, and in this way the chief objects of Dr. Clark were accomplished.

After enduring much suffering with wonderful patience and resignation, he went to Cheltenham and then to Bath, where, after some improvement, he succumbed to obstruction of the bowels and peritonitis, April 19th, and was buried April 24th, 1805, in the churchyard of Weston, near Bath.

He was twice married, had two children by his first wife, and they died in infancy; by his second he had a daughter and eight sons, four of whom, with his wife and daughter, survived him.

He was entirely devoted to his profession, very industrious, rather hasty in temper, benevolent, kind to the poor and the afflicted, straightforward and simple in character, and with considerable intellectual powers. He wrote an essay "On the Improvement of Medical Science."

These extracts are taken nearly verbatim from "A Sketch of the Professional Life of Dr. Clark," by John R. Fenwick, M.D.,

* This was Dr. Chas. Brown, writer of the obnoxious letter to the Philosophical and Medical Society at its commencement. Dr. C. Brown was Physician to the Infirmary, 1760, and vacated office and died in 1787.

read at the Literary and Philosophical Society of Newcastle-on-Tyne, November, 1805, and printed by S. Hodgson, Newcastle, 1806.

That sketch was endorsed by Dr. J. Ramsay, who had been intimate with Dr. Clark for twelve years, in a letter written to Dr. Fenwick, and dated September 1, 1805. Dr. Clark was Vice-President of the Philosophical and Medical Society, 1787, and President 1789.

The good fame of such a medical benefactor to our town ought not to be allowed to be forgotten. In this the whole profession will agree. I have seen in the Abbey of Bath a marble tablet to his memory.

J. M. LOGAN, M.D.,

Physician to the Dispensary, 1785. No news of him has been obtained except that the secretary has placed *mort* after his name, but no date.

JOHN R. FENWICK, M.D.,

Physician to the Dispensary. "He was a zealous friend to the Dispensary and Fever House."—*Mackenzie*. Dr. J. C. J. Fenwick, M.D., of Chilton Hall, Ferryhill, in answer to an enquiry, kindly writes, July 7, 1855—"I have numerous ancestors in the medical profession, but I don't know of a 'Jas. R.,' and I think probably there may be a mistake, and 'John R.' really be the name. That would be my great uncle, who afterwards lived in Durham, and died there at the age of 93, in 1853, having been born in 1760." No doubt the member of the Society was that 'John R.' There is a marble bust of him in the gallery of the castle, at Durham. He resigned membership of the Philosophical and Medical Society, 1791. He was elected Physician to the Infirmary in 1786, and vacated office in 1791, and died as above. Wrote the life of Dr. Clark, which was endorsed by Dr. Ramsay.

MR. LEIGHTON (THOMAS, SEN.),

son of Mr. John Leighton, surgeon, died on August 8, 1811, aged 78 years, was a Vice-President of the Society at its foundation in 1786, also in 1789, 1794, 1796, and 1798, and President in 1792; resigned 1799. Consulting Surgeon to the Dispensary. Father of Thomas Leighton, jun., perpetual Secretary of the Society. Lived in Queen Street, Castle Garth—a street which has disappeared. Was buried in St. John's churchyard, where is the family burial place covered by a flat inscribed stone.

He came originally from Dundee, or its neighbourhood, and was of the Sandimanian religious sect.

Mr. HAWDON

is marked *mort* in the list, but no information further has come to hand, except that he lived at the foot of Pilgrim Street.

Mr. MAXWELL (WILLIAM),

surgeon in general practice, lived in the lowest part of Pilgrim Street, opposite to the west gates of All Saints' Church. "He was a pale, thin man, and died unmarried."—(*Miss Anna Leighton.*) Was a Vice-President of the Philosophical and Medical Society, in 1787, and resigned in 1791. He was buried in a vault in All Saints' churchyard in April 23, 1807, aged 59 years.

Mr. ABBS (RICHARD BRYAN),

surgeon, "Was a son of William Abbs, of Bedlington, Northumberland, coalowner, and Mary, his wife, daughter of George Bryan, of Monkwearmouth, County Durham. He was born March 17, 1746. Baptised at Bedlington Parish Church May 1st, 1746. He married Ann (or Alice) daughter of John Tweddle, Esq., of Unthank, Northumberland. My great-grandfather (the Rev. Cooper Abbs, A.M., Fellow of Magdalen College, Cantab) and he were first cousins." The above has been kindly contributed by Henry Cooper Abbs, Esq., barrister-at-law, of Cleadon House, Sunderland, a nephew of the Rev. Geo. Cooper Abbs, M.A., late of Cleadon House. Mr. Richard Bryan Abbs was appointed Surgeon to the Infirmary in 1773. Vacated office in 1804. He was a Vice-President of the Philosophical and Medical Society in 1786, resigned and died in 1795. Lived in the middle of the Pudding Chare.

Mr. INGHAM (WILLIAM)

was born in 1758, son of a surgeon at Whitby, and pupil of Mr. Lambert; was Surgeon to the Infirmary for thirty-four years, from 1778 to 1812. Died November 26, 1817. Father of the late William Ingham, Esq., barrister-at-law, M.P. Lived in the Bigg Market, Newcastle-on-Tyne, in a house lately occupied by Mr. Dickinson, tobacco manufacturer, in which he was followed by Wm. Moore, and then by Henry and George Heath, Esqs., surgeons. A portrait of him, by Nicholson, hangs in the Board Room of the Infirmary. It was presented to the Infirmary, April 1813, by private friends, as a testimony of respect for his valuable services to the Charity as a surgeon during thirty years.

"From the precision of his discipline, the pupils of this highly revered master have almost uniformly attained pre-eminence in their profession. The Colonial land and sea service, as well as the walks of private practice, have been embellished by the disciples of his school."—*Mackenzie.*

He was Vice-President of the Society in 1788, 1789, 1790, and 1796 ; President in 1791 ; and resigned in 1797. He died at the age of 59 years, and was buried in the nave of St. Nicholas' Church, at the north side of the Collingwood monument. A brass plate on the stone there is engraved "William Ingham, surgeon,"

Mr. JOHN ANDERSON,

a person of great respectability, was, with Dr. Clark, founder of the Dispensary, and Surgeon to it for many years afterwards. As far as can be ascertained, he was a quiet, modest, intelligent, and hard-working medical officer.

A miniature portrait of Mr. Anderson, by Harvé or Hervé, taken in July, 1814, was presented to me in March, 1886, by Miss Leighton (Anna), last surviving daughter of my old master, Thomas Leighton, Esq. This portrait more than justifies the above character of Mr. Anderson. He lived in the middle of Pilgrim Street.

He was Vice-President of the Society in 1781, 1790, 1792, 1795, and in 1796, and President in 1798. He died May 6, 1815, aged 66 years, and was buried in All Saints' churchyard, as was also his wife.

Mr. MEWBURN (HENRY),

Surgeon to the Infirmary from 1782 to 1799 ; resigned membership of the Society 1793. Lived at the foot of Pilgrim Street.

My friend, Edwd. Jackson, Esq., of Darlington, informs me by letter, dated August 14/85: "I have made enquiries of the only Mewburn now left of the two families that have been in Darlington for many years past. There were thirteen daughters and one son in one family, and all but this one have departed this life. The lady could not remember having heard of any member of her family being connected with the Newcastle Infirmary. The Mewburn family had many branches about Stokesley, and one in Westmorland or Cumberland, and many of them lie in the family burial place at Marton, in Cleveland. The grandfather of this lady was a Francis Mewburn, and he lived in Newcastle ; but she never heard of her relations being doctors in Newcastle. There was a Dr. Mewburn in Whitby, and his son is living at Danby Cottage, Stamford County, Wellands, Ontario."

Mr. HORN (HENRY GIBSON),

Surgeon to the Infirmary from 1808 to 1816. Had a brother, Frederick, who entered the army. He (Henry Gibson Horn) lived in the Bigg Market.

Mr. FREDERICK HORN,

Surgeon to Infirmary from 1799 to 1813, and dentist ; Vice-President of Philosophical and Medical Society from 1788 to

1790, 1791-1792-1793-1797-1798; President in 1796. He was father of the above Henry Gibson Horn. He lived at the foot of Newgate Street. He had two sons and two daughters. One daughter died early; the other, Mary, married P. G. Ellison, Esq., solicitor, April 7th, 1818, and left two daughters. One married H. W. Fenwick, Esq., solicitor; the other, in 1840, John Anthony Wood, Esq., banker.

Mr. HUMBLE (FRANCIS),

surgeon; resigned his membership of the Society in 1789. Buried in All Saints' churchyard, March 18, 1793, his age at death being 31 years.

Mr. POWELL,

an ordinary member of the Society, and had been appointed on the 1st of March, 1791, along with Messrs Keenlyside and Brumwell, to read a paper at the next meeting of the Society, which was to be held on the 5th of April.

In the records of the Society, at that date, is the entry:—"Mr. Powell made an apology for not reading a paper, which was accepted."

In the "Local Records," March 16, 1791, we find:—"A little before twelve o'clock at night a fire broke out in the house of Mr. Powell, surgeon, in the Bigg Market, Newcastle, which raged with such fury that the family, who had all retired to bed, could with difficulty save their lives. The house and all the valuable furniture, &c., were entirely destroyed." This occurrence sufficiently explains why Mr. Powell did not read his paper. Poor Powell!

Mr. KEENLYSIDE (RICHARD),

Surgeon to the Infirmary from 1784 to 1803, father of the late T. W. Keenlyside, Esq., solicitor, of Carlton House, Jesmond Road, Newcastle, buried in All Saints' churchyard in 1803. He was Vice-President of the Society 1793 and 1795; President in 1797; resigned in 1799, and died in 1803.

There was a predecessor to this Mr. R. Keenlyside, William Keenlyside, Surgeon to the Infirmary from 1759 to 1784—perhaps father to Richard Keenlyside—but was not a member of our Society; he lived at the foot of Pilgrim Street.

Dr. Keenlyside, of Stockton-on-Tees, was brother to the above-named T. W. Keenlyside, solicitor, of Newcastle, was in 1852 elected Alderman, and in 1858 was placed on the Commission of the Peace. Richmond's "Local Records."—*Jas. Clephan.*

In All Saints' churchyard is a flat stone to the memory of William Keenlyside, who died in 1810. The inscription will soon be obliterated.

Mr. BRUMWELL (WILLIAM),

surgeon, "a man of singular simplicity and benevolence of character."

Mr. John Daglish, chemist and druggist on the Sandhill, his pupil, says: "He was a constant friend to, and advocate for, vaccination, and who, for a period of nearly forty years, practised in Newcastle with success and credit; whose urbanity and kindness obtained for him the esteem of a numerous and respectable circle of friends, the affection of his servants, and the gratitude of the poor."—*Mackenzie*.

Mr. Brumwell was, in 1799, President of the Society.

GEORGE GRIEVE, M.D.,

was Physician to the Dispensary, and died in 1800. He was a gentleman of great and varied attainments, and particularly excelled in the science of music. He commenced life as a Presbyterian minister; but, on embracing the tenets of the Baptists, he resigned his pastoral charge and entered upon the study of physic.*—*Mackenzie*.

Mr. WELSH,

a surgeon, as he was not living in the town, was not considered to be a member of the Philosophical and Medical Society.—(See Mr. Stout.)

Mr. RAYNE (JOHN),

Surgeon to the Infirmary, 1759-1765, grandfather of S. W. Rayne, lately Surgeon to the Police Force and the North-Eastern Railway Company; resigned membership of the Society in 1786.

Mr. THOMAS LEIGHTON, Jun.,

son of Mr. Thomas Leighton, one of the three original Vice-Presidents, was elected Secretary of the Philosophical and Medical Society at its foundation, continued his duties for many years, from the beginning of the Society and of the Book Club up to 1848, with the greatest diligence and punctuality, and as a mark of esteem and respect had a silver cup presented to him.

"He was appointed Surgeon to the Infirmary in 1803; was for several years Senior Surgeon; resigned office in 1831, and was appointed Consulting Surgeon; and, after a long and successful practice, died in his house No. 14, very near the foot of Westgate Street, now Westgate Road, on June 28th, 1848, in his 85th year."—(*Miss Anna Leighton*, April 8, 1886.) That capital old house was recently occupied by S. Quin and Co., dealers in feathers, &c., and others. The court behind—Zion Court, in which was Zion Chapel

* Dr. Grieve was a silent member, at least he is not recorded in the Minutes as having made any motion, or read any paper, or held any office.



CUP, PRESENTED TO MR. THOMAS LEIGHTON, JUN.

—was let partly in tenements. The surgery occupied a room on the ground floor and one over it, and Zion Chapel was in the floor above. In 1889 the house was to be, with many others about it and the Back Row, pulled down and removed for railway and other improvements. May, 1889.—It is now in course of demolition. In 1891 it has disappeared.

“Young Leeton,” as my old master was called by elderly people up to his 70th year at least, was a spruce, tidy, red-faced little gentleman, closely shaven and scrupulously clean, dressed in a dark blue coat, cut-away in front and decorated with double-gilt brass buttons, yellow waistcoat, and white cravat, with frilled shirt front, drab knee breeches, top boots with brown tops, and black beaver chimney-pot hat. He carried a light walking stick, except when he would “take the mare” to visit his colliery and other patients in the country or outskirts of the town. He was a model of regularity and punctuality in all his habits, even to his daily bottle of port at dinner.

All the members of the profession in his time had a formal dress and gait and manners generally, very different from the customs of the present day.

We (my junior fellow apprentice, J. J. Garth Wilkinson, Esq., of Finchley Road, translator of the works of Swedenborg, &c., and the assistant, Mr. Jobson, lately of Bishop Auckland, J.P.) used to think the old gentleman irritable and testy at times, for which probably we (that is, the apprentices) gave him cause. Mr. Leighton’s portrait was taken in miniature by Mr. Carrick, of Newcastle and Carlisle, and presented to him by his friends in the spring of 1835, and engraved.

He was gathered to his fathers in St. John’s churchyard, where there is, near the corner between Rosemary Lane and Westgate Road, a flat stone recording the deaths of several of the family and his own. He married a Miss Fothergill, and had five daughters, one of whom died early, and one son.

The following appeared, in February, 1890, in the local papers :—“On the 24th February, 1889, suddenly, in her 83rd year, Anna Leighton, last surviving child of the late Thomas Leighton, surgeon, of this city.”

I was bound apprentice for five years, as was then the custom, to Mr. Leighton, on October 1st, 1826, next year acted as his dresser at the Infirmary, and so continued for nearly four years. I left, by agreement, in October 1830, and went to London, to enter at Guy’s and St. Thomas’ Hospitals and Grainger’s and Pilcher’s School, Webb Street, Maze Pond, to begin my medical studies.

Newcastle, in 1826, had not as yet come under the transforming hands of John Dobson, the architect, after whom no new street of his planning has been named, and of Richard Grainger, the builder and contractor, whose name has been bestowed on one of the best streets planned by Dobson.

The town at that date had a somewhat mediæval appearance. The Castle Garth was overcrowded with mean streets and houses; King Street and Queen Street were there, and you could almost shake hands from house to house from the upper stories across the head of the Side; the Maison Dieu of Sir Roger Thornton stood at the east end and St. Thomas' Chapel at the west end of the Sandhill, on which was the Fish Market, in the open air; the New Gate was standing, and the town wall extended thence eastward as far as the north end and west side of Grainger Street; Eldon Square was non-existent; the town wall from Pink Tower extended to the Postern across Neville Street and the site of the railway station to beyond Paradise Row; the Forth, its tavern, and the Lime Trees Avenue, enclosed by a low brick wall, surrounded the square of grassy lawn; the open space where now is the Sheep Market, and green fields all round the Infirmary, where partridges and rabbits were found and shot at times; Anderson Place in Pilgrim Street, the old Butcher Market, the Post Office at the top of Dean Street, and the old Theatre opposite to it; all these, and much more, existed, awaiting the operation of the improver and of the tooth of *edax rerum*.

Medical practice was very simple in those days, and the simpler it was the better it was thought of, and surgeons here boasted of the simplicity to which they had succeeded in reducing their practice, as the old French surgeons did before them. There was, at least, no confusion 200 years ago—practice was simple in the days of Riolan and Guy-Patin, opponents of Harvey. In the “*Histoire de la Découverte de la Circulation du sang*,” par Prof. Flourens, Paris, 1854, is an inimitable and brief characterization of the state of medicine in the middle of 1600. At page 168 we find: “Il réduit, c’est à dire Guy-Patin, tout à saigner et purger; et, par une côte de compensation, il n’exagère pas moins, d’un autre côté, l’emploi des purgations et de la saignée. Commençons par la saignée. Il fait saigner à tout âge: les enfants, les vieillards; il fait saigner *trente deux fois* pour une maladie; il se fait saigner lui-même jusqu’à *sept fois* pour un rhume; il fait saigner sa belle-mère, qui à quatre-vingts ans, jusqu’à *quatre fois*; il fait saigner un enfant de *trois jours*; il fait saigner sa propre femme huit fois des veines des bras, il la fait saigner en suite des veines du pied; elle en réchappe, et il s’écrie: Vive la bonne méthode de Galien et le beau vers de Joachim de Bellay:

‘O bonne, ô sainte, ô divine saignée!’

‘Venons aux purgations.’ ‘C’est, d’abord, un malade qui est purgé *trente-deux fois* de deux jours l’un;’ ‘puis, c’en est un autre’ ‘qui à été saignée, en tout, vingt-deux fois, et purgé *quarante*;’ puis, c’est la doctrine d’Hippocrate et de Galien, ‘ou peut purger tous les jours, *quotidiè licet purgare*,’ à condition, pourtant, qu’on purgé avec le séné; le séné et la saignée sont tout la médecine.

‘Nous guérissons beaucoup plus de malades, dit Guy-Patin, avec une bonne *lancette* et une livre de séné, que ne pourraient faire les Arabes, avec tous leurs sirops et leurs opiat ;’ et ses malades (car à coup sûr ils ne guérissent pas tous) meurent comme ceux du médecin de Boileau :

‘L’un meurt vide de sang, l’autre, plein de séné.’”

Similar treatment prevailed all over Europe ; bleeding and tartar emetic—the contro-stimulant or Brunonian method—prevailed all over Italy for inflammation. Spain had her Sangrado practice, and down to twenty or thirty years ago Madeira had her Sangrados. I have been informed that the Senhoras in that beautiful island about that time were spare and pale, owing to their having been under clerical and medical direction, used to frequent “minishing,” but that since they have become less *dévotés*, and less under the sway of their confessors and physicians, they have become plump, ruddy, and addicted to wearing the repressive corset.

In France, and specially in the Parisian hospitals, the old, almost mediæval, medical treatment of inflammation by bleeding and purging was continued up to 1832-5, and perhaps later. M. Bouilland was about that time the French Sangrador. For cases of rheumatism affecting the heart he would order venæsection, *coup sur coup*, four or five times in a couple of days, “*Pour juguler l’inflammation*,” as he used to say, believing that he could destroy the inflammation, *d’emblée*, by such heroic onslaught, forgetting the life of his unhappy malade ; and thus, like the patients of Boileau’s physician,

L’un meurt vide de sang, l’autre, plein, non de séné, mais de tisane.

So late as the above date the French hospital surgeons could not manage to obtain the healing of a wound, such as that after an amputation, by first intention, and their cutting instruments used to be sent to London to be sharpened.

Medical practice at the modern time mentioned, sixty or seventy years ago, still retained in Newcastle somewhat of its ancient routine ; for the spring bleedings and the dosing with spring physic “to purify the blood,” were not quite discontinued, tooth drawings on Sunday mornings went on, and the *Materia Medica* had none of its modern chemistry to boast of. Calomel and opium, blue pill and colocynth, followed by black draught—salts and senna ; or calomel, with venæsection, and leeches by the dozen, were the remedies for inflammations ; *oculi cancerorum*—crab’s eyes, various juleps and boluses ; rhubarb and magnesia ; Armenian bole, which was a plague-time remedy ; bark and wine, gentian and calumba, tormentillæ radix, carbonate or oxide of iron, paregoric, and spermaceti for coughs.—“The sov’reign’st thing on earth is parmaceti for an inward bruise,” was as true doctrine then as in the time of Shakespeare. These were the staple of the Leightonian surgery and

others in 1826. We, the apprentices, made the necessary tinctures and juleps, pills and plasters, dispensed all the medicines ordered in the day-book by the Master, and carried out and delivered them at the houses of the unhappy patients, whose lot it was to make wry faces in taking them. The first things we had to learn after the making up of medicines were how to perform venesection and to draw teeth.

The sanguinary and debilitating treatment has now for more than fifty years been abandoned, except in those rare cases in which it is a necessity, and the western nations have greatly benefited thereby. It is quite possible that its debilitating effects may have been the means of keeping back the so-called civilized people in their mental progress, and that the wonderful development of mind and the amazing discoveries which have signalized the last half-century may have been owing in a great measure to the blood which has been saved and utilized, instead of having been recklessly and with little benefit, and much injury, thrown away.

The bills were made up by us in detail, thus: daily, a mixture, a box of pills, three draughts, a liniment, &c., with the charges opposite; and at the bottom was written "To attendance," a blank being left for the patient or his friends, executors, administrators, or assigns, to fill up at their discretion. This blank was filled up variously; but we were now and then told that Mr. So and So had put down the same sum as the total of the charge for the medicines, and this was considered to be the right thing for a well-to-do patient to underwrite.

I am not aware that many patients of the present time double the charge of their medical attendant.

HENRY MOORHOUSE, M.D. Edin.,

was Physician to the Infirmary from 1791 to 1794, and to the Dispensary in 1787.

I only know of him that he was buried in All Saints' churchyard in February, 1794, and that his widow died January 2nd, 1834, aged 71 years. He is marked *mort*, but without date, by the Secretary. Was Vice-President 1788 and 1791, and President in 1790. Died February 17th, 1794. A stone in All Saints' churchyard records the deaths of his wife, his son, and daughter.

Mr. EDWARD PRINGLE,

surgeon, was Vice-President in 1791 and 1792; resigned 1796, and died 1797. In the records of the Medical and Philosophical Society is this entry: "April 5th, 1797.—The Medical and Philosophical Society resolve to subscribe, and procure pecuniary donations from the affluent and humane, towards the establishment of a Fund for carrying into execution a Plan of Maintenance and Relief for the widow and children of the late Mr. Edward Pringle." A sum of £500 was raised, and beneficially applied.

ANDREW YOUNG, M.D.,

Vice-President in 1788, Physician to the Dispensary, 1788. "1806 (March 19).—Died at Newcastle, in his 45th year, Andrew Young, M.D. and F.R.C.P. Edin.; a man who was remarkably successful during an extensive practice in that town and neighbourhood. Under a blunt, though candid and honest address, he possessed a most feeling and benevolent heart, and, whatever his failings might be, he enjoyed the confidence and goodwill of all men who knew him. If his eccentricities estranged anyone from him who had formerly possessed his friendship, no one could ever impeach the honour and integrity of his conduct, for though the doctor could not bear 'the proud man's contumely,' still he was 'the poor man's friend.' Being a member of the Newcastle Loyal Volunteers he was interred with military honours in St. Andrew's churchyard, and was also attended to the grave by most of the surgeons and physicians resident in the town. Fond of English sports and too fond of the bottle."—*Richardson's Table Book*, Hist., vol. iii., p. 53.

"Dr. Young was distinguished by the frankness and benevolence of his disposition, and the discrimination and decision he displayed in his practice. He was particularly fond of old English sports, and too much addicted to the enjoyments of the bottle, which shortened his useful life."—*Mackenzie*.

GEORGE MILNE, M.D.,

Physician to the Dispensary, 1788; Vice-President of Society, 1789.

MR. STOUT,

surgeon, like Mr. Welsh, "not residing in the town, was not considered to be a member of the Philosophical and Medical Society." —(See Mr. Welsh.)

MR. WILLIAM FIFE,

father of the late Sir John Fife, Knight. He lived for some time in the Castle Garth, and afterwards, till his death, in the house opposite to the Library of the Literary and Philosophical Society, No. 13, Westgate Road, in the present occupation of Mr. Pape, gunmaker. Was a Vice-President of the Society, 1799.

MR. SURGEON

was a surgeon, and lived in the Cross House, Westgate Road, and his door, on which I recollect seeing his brass plate, was in Fenkle Street, where his widow continued to live some time after his death.

MR. MATTHIAS HAWDON,

Surgeon. Miss Anna Leighton informed me that he went to reside at Morpeth.

JOHN RAMSAY, M.D. Edin.,

Physician to the Infirmary from 1794 to 1820, and to the Dispensary in 1792. President, 1793; Vice-President of Society, 1795 and 1797. Lived at No. 9, on the east side of the upper part of Pilgrim Street. (The upper of the two houses now occupied by the Conservative Club.)

"He was long the principal physician in the town, and laid the foundation of his practice among the poor people of Sandgate."—*Sykes' Local Records*.

He died in or about 1830.

A small portrait, engraved in London, June 28, 1834, by C. Turner, A.R.A., from a painting by James Ramsay, Esq., of Dr. Ramsay, was kindly presented to me by Miss Anna Leighton, in March, 1886.

JAMES WOOD, M.D. Edin.,

was Vice-President in 1792 and 1799, and President in 1794; Physician to the Infirmary from 1793 to 1813, and to the Dispensary in 1792. He was a native of Berwick-upon-Tweed, and brother to the famous Town-Major (Edward Wood, R.A.) of Gibraltar during the siege of that fortress. He died at Newcastle January 30th, 1822, æt. 56, and was buried in St. Andrew's churchyard, where is a flat stone to his memory; its inscription illegible. His wife died January 29, 1820. In 1810, and in 1811, died Catherine Stenhouse, of Westgate Street, and Margaret Burnett Wood, of Gateshead, daughters of this James Wood, M.D. He was author of "A Treatise on Typhus," "Conclusions on Hydrophobia," "Plain Remarks on Fever," and "Papers on Contagion."

Major Edward Wood, R.A., died October 9, 1842, æt. 81, and was buried in St. Andrew's churchyard, and also the wife of Dr. Wood, Margaret by name.

Thomas Trotter, M.D.—(See under Corresponding Members.)

MR. MURRAY,

surgeon, and Visiting Surgeon to the Dispensary, an ingenious man, to whom Dr. Clark acknowledges great assistance in the production of an important "Enquiry and Proposal about Hospitals and the Infirmary at Newcastle," lived at 89, Newgate Street. He was a Vice-President in 1798. He was son of the Rev. James Murray, author of the "Sermons to Ministers of State," "Histories and Lectures" (see *Sykes*, 1782, January 28, date of his death), "Sermons to Asses," and of an amusing narrative of what was a great feat in those days, a "Journey to London."—*Jas. Clephan*.

MR. BOWES FENWICK,

surgeon, elected in 1793. He lived in Westgate Street (now Road), opposite to the gates of St. John's Church; married a

Miss Hornby (probably a daughter of Alderman Hornby), and had three daughters who died young. He was a younger brother of Percival Fenwick, Esq., solicitor, for many years in large practice in Newcastle, and one of my guardians. Died February 11th, 1811, and was buried in St. Andrew's churchyard.

ROBERT STEAVENSON, M.D. Edin.,

was Physician to the Infirmary from 1800 to 1808, and to the Dispensary in 1793; was Vice-President in 1794, President in 1795, and died in 1828. He wrote — "*Dissertatio Medica Inauguralis de Electricitate et Operatione ejus in Morbis Curandis. Robertus Steavenson, A.M., Britannus, Edinburgi, MDCCLXXVIII.*"

This has been republished by W. E. Steavenson, M.D., M.R.C.P., with a Translation, preceded by a Thesis on the same subject by himself for the M.D. degree of the University of Cambridge; J. and A. Churchill, 1884; a copy of which he has obligingly sent me, together with the following information, in a letter dated May 11th, 1885:—

"My grandfather was an elder brother of Dr. R. Steavenson, and came down south in the early part of the century, if not at the end of last century. Our family was an old Jacobite one, and had to leave Derbyshire in 1688 or 1689 on account of some complicity in some Jacobite plot. The branch from which Dr. Robert Steavenson and myself have descended established itself at Berwick, where I still possess the last small remnant of our property. The only direct male descendant of Dr. R. Steavenson is a grandson, the Rev. Robert Steavenson, who until within the last month or two was Rector of Stocksfield-on-Tyne, not far, I suppose, from Newcastle. He has now been presented to the living of Wroxeter (the old Roman Uriconium), near Shrewsbury. Another distant cousin of mine, Dr. Fenwick Steavenson, a barrister, who formerly rowed in the Cambridge University boat, was until within the last few years living in Newcastle, and I have several other relations dotted about Northumberland and Durham. I am told that there is a street in Newcastle named Steavenson Street, after my family. —[Not to be found in the latest directory.—*D. E.*]

"I am not very conversant with the history of Dr. R. Steavenson, beyond what is given in the dedication of his Thesis, and the dates of his birth and death which I obtained from his grandson. After the publication of my Thesis, Dr. Dyce Duckworth wrote to me and said, 'I find that Dr. Robert Steavenson became an ordinary member of the Royal Medical Society—the famous Edinburgh Medical Students' Debating Society, on December 7, 1776.'

"Dr. R. Steavenson had only one son, John, who, I believe, was a banker at Newcastle. He is said to have married a Miss Lamb, of Ryton, Durham, who is now living as Lady Bouchier-Wrey,

being for a second time a widow. [Mr. R. O. Lamb, of Ryton, informed me to day that she has lately departed this life.—*D.E.*, June 12, 1891.] Dr. R. Steavenson lived in No. 6, Saville Place, Newcastle-on-Tyne, and also in Hanover Square (in the late Child's Hospital), and I have some old letters of his in my possession, dated September, 1823, which seem to refer to a private lunatic asylum, of which I think he must have been proprietor. [Note from page 526, vol. ii., *Mackenzie's History of Newcastle*: 'This house' (Belgrove Retreat, at the west end of the north side of the Leazes, and near the Barracks) 'was formerly a gentleman's residence, and called New House; but being purchased by the late Dr. Hall, and opened as an asylum for lunatics on October 18, 1766, he called it St. Luke's, in compliment to the tutelar saint of lunatics. It was purchased by Dr. Steavenson in February, 1797, who gave it the present more agreeable cognomen, and who has expended a large sum in purchasing the adjoining ground, and in rendering the house suitable for the purposes to which it is devoted.'] And he mentions a nephew, John Steavenson Paget, who was a surgeon living in No. 1, Saville Row, Newcastle. [He assisted Dr. Steavenson in his management of the asylum. I distinctly remember him.—*D. E.*] Dr. Steavenson's only daughter married a Colonel Raper, who lived somewhere in the north, and who has several representatives now living. Hoping you will be able to extract some information from this letter, which will be useful to you, I remain, yours truly, W. E. STEAVENSON."

I much regret to find in the obituary of the "British Medical Journal" of June 6th, 1891, a record of the death of this estimable physician, from influenza and bronchitis, on June 1st, at the early age of 41 years. In this "Journal" is an excellent notice of his life and works.

MR. FOGO (ANDREW),

a surgeon and accoucheur in large practice. Born in 1744; died in 1813. Was Vice-President in 1797. Author of "Observations of the Opinions of Ancient and Modern Physicians on Uterine Discharges," 8vo; Newcastle, 1803. Buried in All Saints' churchyard, where the following epitaph may be seen:—

SEPULCHRETUM
ANDRÆ FOGO
CHIRURGI.
FILIA EJUS CARISSIMA ISABELLA
VIXIT ANNOS XXIV. OB. 1797.
ANDREAS FOGO
CHIRURGUS
SUPRADICTUS OB. VI^{TO} DIE
MAII 1813.
ÆTATIS LXIX.

MR. ELLIOT (THOMAS),

a surgeon and an eminent accoucheur, was born at Haydon Bridge in 1759; descended from John Elliot, of Brough, second son of Sir Gilbert Elliot, of Stobs Castle, in Roxburghshire; went to London at the age of fifteen years, and soon after received a Lieutenant's Commission in the Marines from his uncle, the late General Elliot; after a recruiting service, went to sea. In the eighth year of his service was severely wounded in America, and was retired as First Lieutenant, on half pay. He settled at Wolsingham, where he married the daughter of — Curry, Esq., a magistrate.

About the year 1797 he came to Newcastle to practice, and on the death of Dr. Fogo, in 1813, his practice became very extensive, whilst his reputation gradually rose till his death in 1824. He had two sons, George and Gilbert, who died in infancy, the three were interred in St. Andrew's churchyard, where there is a headstone to their memory.

He was a man of stern unbending integrity and liberal principles, and the originator of Elliot's Fund, by a donation of £5 as a commencement of a fund to obtain hospital premises suitable for the reception of poor married women lying-in. The accumulation of this fund enabled the Governors to leave Rosemary Lane and build the Hospital in New Bridge Street. The Corporation gave the ground which had been given up by the Literary and Philosophical Society. The architect was Mr. J. Dobson.

CORRESPONDING MEMBERS.

S. B. PEARSON, M.D. Edin.,

of Carlisle. He had been resident in Newcastle, and was then an ordinary member of the Society, and Physician to the Dispensary. "He for some time, like Dr. Young and Dr. Trotter, gave advice to the poor gratis in a house in the Painter Heugh, called Pearson's Dispensary." He removed to Carlisle, and was elected a corresponding member.

"He afterwards returned to Newcastle, and became again an ordinary member of the Philosophical and Medical Society."—*Mackenzie's History of Newcastle.*

THOMAS TROTTER, M.D. Edin., 1788,

Member of the Royal Medical and the Royal Physical Societies, Edinburgh, and in 1792 a member of our Philosophical and Medical Society, was a native of Roxburghshire, and educated in Edinburgh; his age at death not given, but was probably about sixty years. When very young was, in 1782, appointed surgeon in the Royal Navy. In 1785 settled at Wooler. In 1789 appointed to the flagship of his friend and neighbour,

Admiral Roddam. In 1793 Physician to the Royal Hospital at Portsmouth, and next year to the Channel Fleet by Earl Howe, without previous application on his part. He sailed in the "Vengeance." In 1795 was hurt whilst going to visit Captain Grindall, of the "Irresistible," of 74 guns. After quitting the navy in 1802 settled in Newcastle till 1827, when he retired to Roxburghshire, but returned to Newcastle only a few months before his death at Leazes Terrace, September 5th, 1832. He had lived previously at No. 103, Pilgrim Street. Dr. Trotter discharged the difficult and important duties of his office in the navy with unexampled diligence and ability. He reformed the arrangements in Royal Hospitals, abolished the fine for cure of "lues venerea," and in 1801 induced the Government to shut up 2,000 ginshops in Portsmouth Dock on account of the effect of these on the health of the seamen.

A navy surgeon once expressed to the writer his belief that more lives had been saved in the navy, during the late war, by the regulations and practices introduced by Dr. Trotter, than had been lost in battle. Sir Edward Thornborough, in answer to Lord St. Vincent, who was boasting of the many good things he had done for the navy, said "True, my lord, you did much, but there is one man still living who did more for the navy of the country than you or any person who ever existed, and that man is Dr. Trotter, who has been shamefully neglected." He was not Physician to the Infirmary here, because he would not stoop to ask for votes.

A big rough-faced man.—*Miss Anna Leighton.*

(An old Medical Salt, and a neglected benefactor, *D.E.*)

"An able and useful Physician."—*Mackenzie.*

Dr. Trotter published the following works:—

"Ode to the Ass."

"A Review of the Medical Department of the Navy."

* "Observations on Scurvy," 2nd edition, in 1792.

* "Medicina Nautica," 3 vols., 8vo., 1804; of which various translations were made.

* "A view of the Nervous Temperament," 1807; also translated.

"A Practical Plan for Recruiting for the Royal Navy."

* Two pamphlets on "Fire Damp in Coal Mines, &c.," 8vo.; the 2nd in 1806.

* Medical and Chemical Essays, 8vo, 1796.

† "Sea Weeds (with a portrait prefixed, A.N. ÆT 37), *Suspiria Oceani*, or a Monody on the Death of Earl Howe."

A Play called "The Noble Foundling;" or, the Hermit of the Tweed.

* An Essay, Medical, Philosophical, and Chemical, on Drunkenness; 8vo., 1810; translated.

Those marked * are in the Infirmary Library.

† A Portrait of Dr. Trotter is in the *European Magazine*, 1796.

Verses to Dr. Jenner, on "Recovery of an Infant from Vaccination."

"The Life Boat."

Elizabeth Julia Trotter, his wife, died in 1804, and was buried in St. Andrew's churchyard, æt. 29 years and 6 months. A long poetical inscription, nearly effaced by decay, is there on a headstone.

Mr. FREDERICK GLENTON,

surgeon, lived for some time in Newcastle; then went to West Auckland. Contributed papers on "The Ashes of the Bark of the Ash Tree as a Caustic," and on "The Effects of Spirituous Liquors." There was a Paul Glenton, a half-brother of Frederick, whom I recollect. Frederick, who in *Mackenzie's History* is called Dr. Glenton, had charge of the Lunatic Asylum in the Bath Lane. He died in 1824.

Mr. GREENHOW (E. M.), M.D. Edin.,

North Shields, father of the late T. M. Greenhow, M.D. Dunelm, of Newcastle, and grandfather of E. Headlam Greenhow, M.D. University King's College, Aberdeen; F.R.C.P. of Castle Lodge, Reigate, where he died.

Mr. John Cole, Royal Navy.—(No information.)

Mr. Watson, North Shields.—(No information.)

Mr. Whitfield Burnett, North Shields.—No information.)

Mr. EDWARD KENTISH, afterwards M.D.;

Vice-President in 1799; resigned in 1803, was son of Dr. Richard Kentish, of Scarborough, and in 1797 published, at Newcastle, an "Essay on Burns," which attracted considerable notice, as his mode of treatment was founded on the Brunonian system. In 1809 he published his "Essay on Warm and Vapour Baths." He considered the French Revolution as "A Moral and Political Epidemic," and proposed for its cure a cooling regimen and free ventilation. As the war prevented opulent individuals from visiting warm climates, he proposed to erect a Madeira House in the South of England, which, with the adjoining grounds, was to be covered with an immense glass frame, and the air to be kept in a certain state of temperature.—*Mackenzie*. An idea realized since at Buxton.

He resigned his membership of the Philosophical and Medical Society, and left Newcastle for London, in 1803.

("He married a Miss Rankin, of the Forth, Newcastle."—*Miss Anna Leighton*.)

[Here follow notices of other medical men of the time.]

Of Dr. William Cooper, appointed one of the Physicians of the Infirmary at its institution, April 13, 1751, and vacated office in 1759, I have no further information.

Dr. Francis Johnson, also one of the original Physicians of the Infirmary, vacated office in 1771, and died before the 22nd of August, in the same year. "He married the natural daughter of John Huet or Hewit, goldsmith, Newcastle, who left most of a considerable fortune to his daughter."—Brand, vol. i., p. 276.—*Mackenzie*.

Cuthbert Lambert, M.D., Physician to the Infirmary at its institution, vacated office in 1772.

In 1770, Drs. Rotheram, Wilson, Hall, Physicians to the Infirmary, and Mr. Tytler were appointed to examine water for the supply of Newcastle. Who was Mr. Tytler?

Mr. Samuel Hallowell and Mr. Richard Lambert were the first surgeons of the Infirmary, to whom were added afterwards two others, one being Mr. Henry Gibson, apothecary. The last-named only was a member of the Philosophical and Medical Society.

The above-named surgeons dissected and lectured, in the hall of the Company of Barber Surgeons at the Manors, on the bodies of criminals hung at Newcastle.

The following loose and scanty shreds of information, disconnected though they be, yet belong to our local medical story, and may be strung together. They shew that there were physicians, so-called, or surgeons, or what in Italy are properly called *Medici-chirurgi*, at a very early period in Newcastle, and that the old town had its town's physician or town's surgeon.

A NEWCASTLE PHYSICIAN IN 1312.

At the beginning of the fourteenth century there was at least one physician practising in Newcastle, and another in Tynemouth.

In 1312, King Edward II. was at Tynemouth; he had been just before at Newcastle, in his flight from the Barons. On April 26th his Wardrobe Account contains the following entries:—"To Master William de Burntoft, physician, for attendance in the illness of Lord Peter de Gavaston, Earl of Cornwall, being ill at Newcastle-upon-Tyne, by gift of the King, under the name of his stipend, for his attendance in this case, paid by the hands of the King himself at that place on the 26th day of April, vili. xiijs. ivd."

"To Brother Robert de Bernyngham, Monk of Tynemouth, for similar medical attendance on the same Earl, by similar gift of the King, for his cure in the same way, by the King's own hands, at that place, at that day, vili. xiijs. ivd."—*I. Sydney Gibson's History of Tynemouth Priory*, vol. i., p. 132.

A NEWCASTLE SURGEON IN 1322.

From Brand's "History of Newcastle," pp. 405-6, we find that:—"In 1322 there was a general rendezvous of the King's (Edw. II.) forces ordered to be held at Newcastle, when a dangerous quarrel arose between the English and the Welsh infantry about to proceed to Scotland under the command of the King. There appears to have been only 252 men, who were paid 2d. per diem = 42s."

"Et pro stipendio Thome de Lound cirugici intennentis ad curam eorundem 7 Walleus'. Et pro diversis medicinalibus emptis pro eisdem infra tempus predictum 20s. Summa 62s."

TOWN PHYSICIAN AND SURGEON.

One Dr. Robert Henryson was succeeded by Samuel Rand, M.D., as Town's Physician, at a salary of forty pounds a year. He was displaced for negligence, April 21st, 1643, and afterwards re-admitted, July 5th, 1652.—*Common Council Books*.

The date of his appointment is not given. The years 1636, 1642, 1644-45-46-47 were plague years in Newcastle. Medical aid, therefore, must have been in great request; Dr. Rand was negligent, and probably not in the town when it was invested and taken by storm by the Scots, and held by them for nearly half-a-year in the winter season, multiplying the distress and increasing the scarcity of provisions which then prevailed. The doctor was restored to his post the year after; and then the authorities were ignorant and superstitious enough to send to Scotland for the famous "Lee Penny," and offered to buy it as a curative agent against the plague. Their offer was refused. In the books of the barber-surgeons there are no entries regarding the operations, medical or surgical, of the members of that company against the epidemic which afflicted Newcastle at that time; they appear to have been engaged a good deal in taking care of themselves. The Plague was alluded to in their books only under the name of "the sickness."

We find in favour of Dr. Rand, in vol. iii., p. 143, of Surtees' "History of Durham," under "*Charitable Benefactions to the Parish of Greatham*," by indenture dated October 12, 20 Charles II., Samuel Rand, of Newcastle-upon-Tyne, doctor of physic (Master of Greatham Hospital during the usurpation), gave a rent charge of the value of £6 out of lands now belonging to Sir W. Pennyman, Bart., at Thornton.

In August, 1660, Dr. George Tunstall was appointed. The town had been destitute of a physician from the time of Dr. Rand's death.

On November 4, 1664, Richard Luck, M.D., was appointed, on the removal of Dr. Tunstall. No cause assigned for his removal.

In 1675 the epidemic called the "Jolly Rant" was prevalent here, but no mention is made of Dr. Luck or other physician.

On August 17th, 1682, Henry Atherton, M.D., was appointed. He was of Christ's College, Cambridge. He proceeded B.A. in 1667, B.M. 1669, M.D. 1674. He commenced his career as a physician in Cornwall, but soon removed to Newcastle, where he was appointed as above stated. Bourne says: "He was confessed a man very knowing in his profession, and of great piety and religion."

He was author of "The Christian Physician," printed by J. James for William Leach, at the Crown, in Cornhill, 1683. This little book is now very scarce. The following, and what has been stated respecting the Doctor's University career, is from MS. in a copy of the book lent to me by the Rev. E. H. Adamson, of the Windy Nook, Felling, who had never seen another. It was dedicated to the Right Honble. John Earl of Radnor, President of the Privy Council.

He does not appear to have cordially acquiesced in the Revolution, for we find that he was mulcted in £50, and his wife in 200 marks, in the King's Bench Court, November 21, 1693, for words against the Government.

He gave of the Communion plate of All Saints' Church, at Newcastle, the lesser flagon, which bears the following inscription:—"Deo O.M. et omnium sanctorum sacello dicat consecratque H. Atherton, M.D., Dec. 25th, 1697."

In a memoir of Henry Bourne, the historian of Newcastle, by the Rev. E. H. Adamson, in vol. xi. of "*Archæologia Æliana*," it is related that a son of Dr. H. Atherton, the Rev. Thomas Atherton, M.A., sometime Tutor and Fellow of Christ's College, Cambridge, and afterwards Rector of Canfield Parva, in Essex, was tutor to Henry Bourne, and was a native of Newcastle.

"Dr. Atherton was succeeded in the office of Town's Physician by Dr. Robert Grey, who must have died before March 31st, 1701, when a motion was made in the Common Council to appoint either Dr. Thomas Davison or Dr. Richard Huntley to succeed him, but without effect, for the Corporation never appointed another."

There is room for the suspicion of an error here, unless by "another" is meant another physician, for in vol. i., p. 340, Brand gives a note, under date September 25th, 1777—the date of the year of foundation of the Dispensary, the following extract from the Common Council books, viz.:—

"The salary of 50*l.* per annum heretofore paid to the Town's Surgeon is now lessened to 20*l.* per annum 'for giving his attendance and assistance to such of the Dispensary patients and others, in this town, as shall require surgical aid, and be recommended by the Corporation.'"

The Corporation thus saved £30 per annum, and afterwards, at what date does not appear, the office was altogether dropped, which effected a saving of £20 more.

It is probable that the office of Town's Physician had been continued during some part of the interval from 1701 to the time of appointment of the Town's Surgeon at a reduced salary. It is not unlikely, however, that the name or office of physician had gradually given way to that of surgeon. In those days medical men were all general practitioners, and the plague years had gone by.

In 1773, the following names of surgeons occur as those of members of a committee appointed to conduct the proceedings at law, &c., on a dispute between the Corporation and the free burgesses about the letting for cultivation, by the former, of the Nun's Moor :—

Nathaniel Bayles, resident at south side of St. Nicholas Churchyard.

Henry Gibson, House Apothecary to the Infirmary at its foundation, and afterwards Surgeon, foot of Westgate Street.

Michael Tyzack.

William Smith, Surgeon, head of the Side.

The above names are not those of medical men belonging to the Philosophical and Medical Society.

In Drake's "Eboracum," mention is made of a Mr. Thomas Thursley, a surgeon in Newcastle.

In All Saints' Churchyard are headstones, besides those before mentioned, to the memory of Robert Spencer, surgeon, who died in 1811, aged 37 years, and Thomas Alexander Russell, surgeon, who died in 1838, aged 35 years.

In "Whitehead's Directory," reprint by Mr. Boyle, page 39, the following are the names of the Physicians in Newcastle in 1778 :—

Brown, Dr., head of Pilgrim Street.
 Clark, Dr., middle of Pilgrim Street.
 Hall, Dr., head of Pilgrim Street.
 Pemberton, Dr., foot of Westgate Street.
 Rotherham, Dr., foot of Westgate Street.

In the same, page 49, the following are the names of the Surgeons in Newcastle in 1778 :—

Abbs, Rich. Bryan, Pudding Chare, *m*.
 Anderson, J., Pilgrim Street, *m*.
 Bayles, Nath., south side St. Nicholas' Churchyard.
 Cameron, —, Sandgate, *m*.
 Carr, J., Groat Market, *m*.
 Gibson, Hen., Westgate Street, *f*.
 Hawdon, Tho., Pilgrim Street, *f*.
 Isaacson, Hen., near White Cross.
 Johnson, Tho., Old Pullen Market.
 Keenlyside, Wm., Pilgrim Street, *f*.
 Lambert and Ingham, Bigg Market, *m*.

Leighton, J., Queen Street.
 Maxwell, Wm., west end of Quayside.
 Mewburn, Henry, Pilgrim Street, *f*.
 Smith, Wm., Side, *h*.

NOTE—*h*, means head of ; *f*, foot of ; *m*, middle of, or near.

APPENDED IS A LIST OF THE PHYSICIANS AND SURGEONS OF NEWCASTLE AND GATESHEAD IN 1827.

PHYSICIANS.

Bulman, Darnell, 138, Pilgrim Street.
 Elliot, Wm., 27, Newgate Street (doubtful).
 Headlam, T. E., 4, Charlotte Square and Jesmond Dean.
 Hutchinson, Francis, 6, Charlotte Square.
 McWhirter, Thos., New Bridge Street.
 Ramsay, John, 93, Pilgrim Street.
 Smith, Thos. Noel, 48, Westgate Street.
 Steavenson, Robt., 6, Saville Place.
 Trotter, Thos., 103, Pilgrim Street.
 Wightman, Chas., 63, Northumberland Street.

SURGEONS.

Baird, John, 64, Northumberland Street.
 Edmonston, Henry, 105, Pilgrim Street.
 Fife, Thos K., 164, High Street, Gateshead.
 Fife, William, 13, Westgate Street.
 Fife and Parr, Messrs., Bell's Court, Pilgrim Street (John Fife).
 Fletcher, Edwd. Baynes, 97, Pilgrim Street (Chemist and Druggist).
 Frost, Samuel Merryne, 1, Newgate Street.
 Glenton, Paul, 49, Pilgrim Street.
 Greenhow, T. M., 1, Eldon Square.
 Hardcastle, William, 52, Westgate Street.
 Henzell, C. R., 18, Percy Street.
 Hosegood, George, Tyne Bridge end.
 Jopling, John, 87, Pilgrim Street.
 Leighton, Thomas, 6, Westgate Street.
 Liddell, John, 76, Northumberland Street.
 Macdonald, Donald, 6, Newgate Street.
 McIntyre, James, 91, Newgate Street.
 Mark, E. R., 4, Angus's Court.
 Moore, William, 11, Bigg Market.
 Murray, John, 89, Newgate Street.
 Nesham, William, 100, Pilgrim Street.
 Paget, John Steavenson, 1, Saville Row.
 Preston, William C., 7, Manor Chare.
 Punshon, Robert, 33, Ellison Place, Gateshead.
 Smiles, Edward, 22, Newgate Street.
 Tulloch, Benjamin, New Bridge Street.
 Westgarth, John W., 94, Pilgrim Street.
 Wilson, F. W. 4, Brandling Place.
 Wilson, F. W., 31, Northumberland Street.
 Anderson, J.
 Horn,

THE POPULATION

of Newcastle in 1377 was estimated at no more than 3,970 souls, of whom 2,647 were lay persons above the age of fourteen. These calculations are drawn from the accounts of the capitation tax, granted by Parliament to Richard II., for the payment of fourpence from every lay person of either sex above fourteen years of age. (The town must still have merited the name of Monkchester.)

In 1781 the population of Newcastle and Gateshead, according to Hutton's supposition, could not have been less than 30,000, and it appears by the books of the window cess of that year that 2,389 houses were rated. Hutton gives the number as 2,450 in the four parishes of the town, and 500 in Gateshead.—*Brand*.

If Hutton's supposition be correct, there must, in Newcastle, have been more houses unrated than rated; if, however, we double the number of houses as given by Hutton, and reckon five persons to a house, we only get a population of 24,500. Hutton's supposed number thus appears too high, and the actual population was probably under 25,000, for, twenty years afterwards—in 1801—the first Government Census of the County of Newcastle indicated a population of only 28,366.

Subjoined are the numbers at each successive Census since.

In 1801 the population of the County of Newcastle was ...				28,336
At the Census of 1811 the population of the Town was ...				27,587
Ditto	1821	ditto	...	35,181
Ditto	1831	ditto	...	42,760
Ditto	1841	ditto	...	49,860
Ditto	1851	ditto	...	89,156
Ditto	1861	ditto	...	109,108
Ditto	1871	ditto	...	128,443
Ditto	1881	ditto	...	145,359
Ditto	1891	ditto	...	186,300

These numbers are taken from the reports of the Registrar General.

In 1801 the population was given as 42,960; in 1811, as 42,808; in 1821, as 55,274. These numbers include the inhabitants of Byker and Heaton, Cramlington, Fenham, Jesmond, Benwell, and Elswick.—Gateshead Parish (8,597).

Lastly follow very short notices of the lives of the following distinguished members of our profession, namely, Akenside, Askew, Hewson, and Garth, who sprung from Newcastle or its neighbourhood.

Dr. Trotter, one of our great medical celebrities, is noticed in the brief biographies of the members of the Philosophical and Medical Society.

AKENSIDE.

From the medical records of Newcastle must not be omitted the name of the celebrated physician-poet who, on November 9, 1721, was born in All Hallows Bank, afterwards Butcher Bank, and now called Akenside Hill in memory of him.

“Mark Akenside, M.D., was son of Mark Akenside, a substantial butcher at Newcastle-upon-Tyne. His earliest education he had at the Grammar School. His parents were Unitarian dissenters, and they soon removed him to the academy of a Mr. Wilson, a dissenting minister. He was destined for the ministry, and with this in view he was sent, at the age of 18, others say 19, to Edinburgh in 1739; but his inclination leading him to the study of medicine, he returned a sum of money he had received from the Dissenters' Society, and in his nineteenth year began attendance on the medical classes. He remained at Edinburgh two years, and applied himself with great diligence to the study of physic, his expenses being defrayed by his uncle at Eachwick. On December 30, 1740, he was admitted a member of the Medical Society of that city, and there acquired much reputation by his readiness and facility as a speaker. He settled in his native town as a surgeon, but after a short stay proceeded to Leyden, where he took the degree of M.D., May 16, 1744, the title of his Inaugural Thesis being *D.M.I. de Ortu et Incremento Fœtus Humani*, 4to. There he made the acquaintance of Mr. Jeremiah Dyson, a law student, and being of congenial tempers, a friendship between them was then commenced which lasted through life.

Returning to England in June, 1744, he settled as a physician at Northampton, but only remained there a year and a half. The medical practice and emoluments of that town and neighbourhood being then engrossed by Dr. Stonehouse.

Akenside then came to London under the patronage of his friend Mr. Dyson, who had then been called to the bar and had a handsome fortune. On Mr. Dyson becoming Clerk of the House of Commons, he purchased a house at North End, Hampstead, where Akenside dwelt with him in the summer season, Mr. Dyson, with a generosity rarely witnessed, having assigned to his friend an annual income of three hundred pounds to enable him to make his way in the Metropolis. Akenside in 1747 removed to Bloomsbury Square, as a candidate for London practice.

He was admitted a Licentiate of the Royal College of Physicians on June 25th, 1751, but having, January 4th, 1753, been created M.D. at Cambridge, was admitted a Candidate April 16th following, and a Fellow April 8th, 1754. He was Censor in 1755 and 1760; was Gulstonian Lecturer in 1755; Croonian Lecturer in 1756; Harveian Orator in 1759. In 1759 he was elected Physician to St. Thomas' Hospital and Assistant Physician to Christ's Hospital, and lastly, through the interest of Mr. Dyson, he was, in 1761, appointed Physician in Ordinary to the Queen, Anne.”—*Roll of the Royal College of Physicians*, vol. ii., pp. 195-7.

“In addition to his degrees of M.D. of Leyden and Cambridge he had the same degree conferred on him by the University of Edinburgh, previously to that of Cambridge.

"His medical works were the "Oratio Harveiana," 4to, London, 1760; "De Dysenteria Commentarius," 8vo, London, 1764; and the preface to the College of Physicians' edition of Harvey's Works, 4to, London, 1766. He wrote in the Philosophical Transactions, "Observations on the origin and use of the Lymphatic Vessels." Dr. Monro, secundus, having noticed in that production some inaccuracies, Akenside, in 1756, published a small pamphlet in vindication. He also published "An Account of a Blow on the Heart, and its Effects," in 1763, and three papers in the first volume of the "Medical Transactions."

"As a poet his fame has stood high. In his great work, by which he will be remembered, "The Pleasures of the Imagination," he has displayed and embellished Lord Shaftesbury's philosophical system with all the force of poetic colouring

"It was adversely criticised by Dr. Samuel Johnson, but generally the verdict of his contemporaries was very favourable.

"His "Curio" was a satire on Pulteney, Earl of Bath. His "Odes" have been much admired, though they are of unequal merit. Mr. D'Israeli says: "Dr. Akenside's mind and manners were of a fine romantic cast, drawn from the moulds of classical antiquity."—*Mackenzie's History of Newcastle*, which, for further details as to his personal appearance, manners, &c., &c., see.

"He was much devoted to the study of ancient literature, and was a great admirer of Plato, Cicero, and the best philosophers of antiquity. His knowledge and taste in this respect are conspicuous in his poems, and in the notes and illustrations which he arranged to them. That he had a sincere reverence for the great and fundamental principles of religion is apparent from several passages in his writings, and he was warmly attached to the cause of civil and religious liberty. He never married, and left all his effects to his warm and constant friend, Mr. Dyson. The life of Akenside has been so often written, and is of such easy access, that I have confined myself to a record of his professional career. He died at his house in Old Burlington Street, London, of a putrid sore throat, on the 23rd of June, 1770, in the 49th year of his age, and was buried at St. James's, Piccadilly.—*Roll of the Royal College of Physicians*, vol. ii., by Wm. Munk, M.D., F.S.A., pp. 195-7, from which several other of these passages have been borrowed.

That he stood high in the estimation of men of education in his native town the following, from Sykes's "Local Records," will shew:—

"On the 21st of November, N.S., 1821, being the centenary of Akenside's birth, a number of literary gentlemen and admirers of the poet assembled at the house in which the poet first drew breath, and recited some effusions (in Akenside's manner) written for the occasion in blank verse. Then they adjourned to Mrs. Atkinson's, The George Tavern, and sat down to an elegant enter-

tainment. After dinner, and following 'The King,' 'The immortal memory of Mark Akenside, M.D.,' was given and drunk with enthusiasm. Many appropriate toasts followed, and the day was spent with decorum and reverence suited to the occasion."

In Sykes is a cut showing the house where the doctor was born, which house exists at present; it is No. 33, Akenside Hill.

An extract from "The Pleasures of Imagination," and two from his "Odes," in the classical style of the period will serve to shew those who have not time to read Akenside, the kind of poetry that emanated from our physician, who was the contemporary of Mead, Heberden, Johnson, and many other celebrated men.

Dwelling on the beneficent partition of various gifts to men, he writes:—

———" With wise intent
The hand of Nature on peculiar minds
Imprints a diff'rent byass, and to each
Decrees its province in the common toil.
To some she taught the fabric of the sphere,
The changeful moon, the circuit of the stars,
The golden zones of heav'n: to some she gave
To weigh the moment of æternal things,
Of time, and space, and fate's unbroken chain,
And will's quick impulse; others by the hand
She led o'er vales and mountains, to explore
What healing virtue swells the tender veins
Of herbs and flow'rs; or what the beams of morn
Draw forth, distilling from the clifted rind
In balmy tears. But some, to higher hopes
Were destined: some within a finer mould
She wrought, and tempered with a purer flame.
To these the Sire Omnipotent unfolds
The world's harmonious volume, there to read
The transcript of himself."

Born in Newcastle, and brought up in early life in its schools, he never forgot the then smokeless and charming banks of Tyne, whether he was sojourning at Leyden, "the Belgian muses sober seat," "in the physic line," or was rising in fame at London as Physician in Ordinary to Queen Anne.

In his "Odes," like a good Tynesider, he at least twice refers to his beloved river. Addressing his Eudora, he sings—

" And if believing love can read
His wonted omens in her eye,
Then shall my fears, O charming maid
And every pain of absence die:
Then shall my jocund harp, attuned
To thy true ear, with sweeter sound
Pursue the free Horatian song:
Old Tyne shall listen to my tale,
And echo, down the bord'ring vale,
The liquid melody prolong."

—ODE iii., "On the Winter Solstice," 1711.

Again, after an invocation to Milton, whom he fervently admired—

“And now again my bosom burns ;
And now the inspiring Muse returns.
Such on the banks of Tyne confessed
I hailed the fair immortal guest,
When first she sealed me for her own,
And bade me swear to follow her alone.”—ODE vi.

Herein probably lies the explanation of the report, that as a physician, although he wrote some valuable works, yet he had no great practice or fame. He published his most notable work, “The Pleasures of Imagination,” before he had reached his twenty-third year. His character and genius have been diversely estimated ; but most writers agree in ascribing to him the titles of “a gifted poet, a man of genius, of learning, and of taste.”

“His branch of the Akenside family belonged to Eachwick, in Northumberland.”—*Richardson’s Table Book Hist.*, ii., p. 184.—*From Biograph, Brit.*

ASKEW.

Newcastle cannot boast of more than one poet-physician whose fame has gone abroad into all lands in which the English tongue is spoken, though in other walks of life the celebrities are many and great that she can triumphantly call her own.

There is, however, one physician of last century who was well-known and highly estimated in Newcastle and neighbourhood, and whose name has been handed down to posterity on the south side of the river, in “Askew Road” and “Askey’s Quay.”

In M. A. Richardson’s “Table Book,” Historical, vol. ii., are the following entries regarding him and his son :—

“Jan. 15th, 1773.—Died at his house in Westgate Street, Newcastle, in the 79th year of his age, Adam Askew, Esq., M.B., one of the most eminent physicians in the kingdom. His father, Dr. Anthony Askew, of Kendal, was descended from Sir Hugh Askew, who was a courtier, soldier, and Sheriff of Cumberland in the reign of Henry VIII.” “On the 19th (Tuesday), his remains were deposited in the family vault, in St. John’s Church, with great solemnity. By his practice of fifty years in Newcastle, he had acquired an immense fortune, which descended to his son.”—*Local Papers.*

“1774 (February 28).—Died at Hampstead, near London, Anthony Askew, Esq., M.D., son of the above, aged 52 years. Socius Commensalis Lugd. Bat. 1746. Proceeded M.B. Camb. 1745, M.D. 1750. He was Physician to Bartholomew’s and Christ’s Hospitals, Candidate 25th June, 1752 ; Fellow, 1753 ; Harveian Orator, 1758 ; Censor five years up to 1767 ; and Registrar, to his death in 1774, of the Royal College of Physicians, London. He was praised by Dr. Parr for his attainments in Latin and Greek literature, and was a great collector of the best

editions of all the classics, &c. On the death of his father, Dr. Adam Askew, of Newcastle, he succeeded to his immense wealth, of which he had little enjoyment, having soon after lost a most amiable wife. Twelve orphan children (the eldest of whom was not 20 years of age) were left to lament the deaths of their most worthy parents. These are the orphans alluded to in the inscription on the beautiful Askew monument in St. Nicholas' Church, Newcastle."—*Local Records*.

Dr. Adam Askew was elected one of the Physicians to the Infirmary at its foundation in 1751, resigned that office in 1771, and died in 1773, January 15.

Dr. Henry Askew was appointed Physician to the Infirmary in 1759, and vacated office in 1760, and went to London, and died March 10, 1796.

HEWSON.

In the same "Table Book" is the following entry regarding a famous anatomist, a Northumbrian, though not a Novocastrian:—

"1774 (May 1).—Died, William Hewson, a most ingenious anatomist. He was born at Hexham on the 14th of November, 1739. His father, who was a surgeon and apothecary at Hexham, placed him in the Grammar School of that town, under the Rev. Mr. Browne. He acquired his first medical knowledge from his father, which was considerably extended by the instructions of Mr. Lambert, an eminent surgeon in Newcastle. He afterwards resided for some time in London, Edinburgh, and Paris, where he ardently laboured to attain eminence. His anatomical abilities were considered as very extraordinary, and his name is frequently coupled with that of Harvey, from his knowledge of the circulation of the blood."—*Biog. Medica*.

GARTH.

It would not be doing justice to the North of England to pass over without notice the celebrated and estimable Sir Samuel Garth, M.D.

He was the eldest son of William Garth, of Bolam, in the county of Durham, was educated at Ingleton, whence, in 1676, being then in the seventeenth year of his age, he was admitted to Peter House, Cambridge, where he proceeded A.B. 1679, and A.M. 1684.

On the 4th of September, 1687, "he was entered on the physic line" at Leyden. He proceeded M.D. at Cambridge, 1691. Dr. Garth was admitted a candidate of the R.C.P. 25th of June, 1692, and a Fellow 26th of June, 1693. He delivered the Gulstonian Lectures in 1694, "De Respiratione," which were so highly approved that he was called on by the President and Censors to publish them, but did not. Gave the Harveian Oration in 1697, and was Censor 1702. On the accession of George I. he received

the honour of knighthood, and was appointed Physician in Ordinary to the King and Physician General to the army. He died, after a short illness, 18th of January, 1718-19, and was buried at Harrow-on-the-Hill. He left an only daughter.

He was the author of "The Dispensary," a satirical poem, in which are severe and biting sketches of his contemporary physicians who were opponents, with the apothecaries, of the charitable institutions set on foot by his college and himself, for the giving of advice gratis and medicines at prime cost to the sick poor of London, and of the district of seven miles around. The first edition appeared in 1699, and the sixth and last in 1706. It has been said that "the public gained and lost by every edition—gained by what the author added, and lost by whatever he expunged." The charity was continued till 1724.

It was he who, to his everlasting honour, stepped forward to provide a suitable interment for the neglected corpse of Dryden, which he caused to be brought to the college in Warwick Lane, where it lay in state for ten days. He proposed, and encouraged by his example, a subscription for defraying the expense of a funeral; he pronounced an eulogium in Latin over the great poet's remains; and then attended the body from the college to Westminster Abbey, where it was interred between the graves of Chaucer and of Cowley. Garth was a member of the Kitkat Club, which included "all the talents" of the Whig party.

Besides "The Dispensary," Sir Samuel published in 1715 a short poem entitled "Claremont," and an edition of Ovid translated into English in 1717, and other poems.

An excellent portrait of Garth, by Sir Godfrey Kneller, is in the college. It was presented in 1763 by Dr. Charles Chauncy, and has been engraved.—*Roll of College of Physicians*, by Dr. Munk, vol. i., pp. 498-502.

A specimen of his style of satire of a quack, under the soubriquet of Horoscope, in canto ii. of "The Dispensary," is here given.

After describing the shop which "the gazing vulgar's eyes employs with foreign trinkets and domestic toys," he goes on to mention :—

"An inner room receives the numerous shoals
Of such as pay to be reputed fools,
Globes stand by globes, volumes on volumes lie,
And planetary schemes amuse the eye.
The sage, in velvet chair, here lolls at ease,
To promise future health for present fees;
Then as from tripod solemn shame reveals,
And what the stars know nothing of, foretels.
One asks how soon Panthea may be won,
And longs to feel the marriage-fetters on;
Others, convinced by melancholy proof,
Enquire when courteous fates will strike them off,
Some, by what means they may redress their wrong,

When fathers the possession keep too long.
Poor pregnant Lais his advice would have
To lose by art what faithful nature gave,
And Portia, old in expectation grown,
Laments her barren curse, and begs a son :
Whilst Iris his cosmetic wash would try,
To make her bloom revive, and lovers die.
Some ask for charms, and others philtres choose,
To gain Corinna, and their quartans lose."
